



United Mine Workers of America Health and Retirement Funds Standard Formulary 2026

Effective July 1, 2026

The 2026 Funds Standard Formulary Prescribing Guide is intended to be a useful reference and informational tool for medical providers. It is intended to assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

Table of Contents

INTRODUCTION	9
NONDISCRIMINATION STATEMENT	9
PREFACE	12
PHARMACY AND THERAPEUTICS (P&T) COMMITTEE	12
GENERIC SUBSTITUTION	12
FUNDS STANDARD FORMULARY PREFERRED PRODUCT PROGRAM	13
PRIOR AUTHORIZATION (PA)	15
SPECIALTY GUIDELINE MANAGEMENT – PRIOR AUTHORIZATION FOR SPECIALTY DRUGS	17
ADVANCED CONTROL SPECIALTY FORMULARY®	18
QUANTITY LIMITS	18
LEGEND	19
NOTICE	19
FUNDS’ WEBSITE	20
ANALGESICS	21
COX-2 INHIBITORS	21
GOUT	21
MISCELLANEOUS	21
NSAIDS	21
NSAIDS, COMBINATIONS	21
OPIOID ANALGESICS	21
OPIOID PARTIAL AGONISTS	22
SALICYLATES	22
VISCOSUPPLEMENTS	22
ANESTHETICS	23
LOCAL ANESTHETICS	23
ANTI-INFECTIVES	23
ANTHELMINTICS	23
ANTI-BACTERIALS - MISCELLANEOUS	23
ANTIFUNGALS	23
ANTIMALARIALS	23
ANTIRETROVIRAL AGENTS	23
ANTIRETROVIRAL COMBINATION AGENTS	24
ANTITUBERCULAR AGENTS	25
ANTIVIRALS	25
CEPHALOSPORINS	25
ERYTHROMYCINS/MACROLIDES	25
FLUOROQUINOLONES	25
HEPATITIS B	26
HEPATITIS C	26
MISCELLANEOUS	26
PENICILLINS	27
TETRACYCLINES	27

ANTINEOPLASTIC AGENTS	28
ALKYLATING AGENTS	28
ANTIBIOTICS	28
ANTIMETABOLITES	28
BIOLOGIC RESPONSE MODIFIERS	28
BIOSIMILARS	28
HORMONAL ANTINEOPLASTIC AGENTS	28
KINASE INHIBITORS	29
MISCELLANEOUS	30
MITOTIC INHIBITORS	30
MONOCLONAL ANTIBODIES	30
POLYCYTHEMIA VERA	31
PROTEASOME INHIBITORS	31
PROTECTIVE AGENTS	31
TOPOISOMERASE INHIBITORS	31
CARDIOVASCULAR	31
ACE INHIBITOR COMBINATIONS	31
ACE INHIBITORS	32
ALDOSTERONE RECEPTOR ANTAGONISTS	32
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	32
ANGIOTENSIN II RECEPTOR ANTAGONISTS	33
ANTIARRHYTHMICS	34
ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS	34
ANTILIPEMICS, BILE ACID RESINS	34
ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR	34
ANTILIPEMICS, FIBRATES	34
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS	34
ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS	35
ANTILIPEMICS, MISCELLANEOUS	35
ANTILIPEMICS, OMEGA-3 FATTY ACIDS	35
ANTILIPEMICS, PCSK9 INHIBITORS	35
BETA-BLOCKER/DIURETIC COMBINATIONS	35
BETA-BLOCKERS	35
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS	36
CALCIUM CHANNEL BLOCKERS	36
DIGITALIS GLYCOSIDES	37
DIRECT RENIN INHIBITORS/COMBINATIONS	37
DIURETICS	37
HEART FAILURE	37
MISCELLANEOUS	37
NITRATES	38
PULMONARY ARTERIAL HYPERTENSION	38
CENTRAL NERVOUS SYSTEM	39
ALCOHOL DETERRENTS	39

AMYOTROPHIC LATERAL SCLEROSIS (ALS).....	39
ANTIANXIETY	39
ANTIDEMENTIA	39
ANTIDEPRESSANTS.....	40
ANTIPARKINSONIAN AGENTS.....	41
ANTIPSYCHOTICS.....	42
ANTISEIZURE AGENTS.....	43
ATTENTION DEFICIT HYPERACTIVITY DISORDER	44
BOTULINUM TOXINS	46
FIBROMYALGIA	46
HYPNOTICS.....	46
MIGRAINE - ERGOTAMINE DERIVATIVES	46
MIGRAINE - MISCELLANEOUS.....	46
MIGRAINE - MONOCLONAL ANTIBODIES	46
MIGRAINE - TRIPTANS AND COMBINATIONS	46
MISCELLANEOUS	47
MOOD STABILIZERS.....	47
MOVEMENT DISORDERS	47
MULTIPLE SCLEROSIS AGENTS.....	47
MUSCULOSKELETAL THERAPY AGENTS.....	48
MYASTHENIA GRAVIS	48
NARCOLEPSY/CATAPLEXY	48
OPIOID AGONIST/ANTAGONIST	48
OPIOID ANTAGONIST	49
POSTHERPETIC NEURALGIA (PHN)	49
PSYCHOTHERAPEUTIC-MISC.....	49
SMOKING DETERRENTS	49
ENDOCRINE AND METABOLIC.....	49
ACROMEGALY	49
ANDROGENS.....	49
ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS.....	50
ANTIDIABETICS, AMYLIN ANALOGS	50
ANTIDIABETICS, BIGUANIDE.....	50
ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS.....	50
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS	50
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	51
ANTIDIABETICS, INCRETIN MIMETIC AGENTS.....	51
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS.....	51
ANTIDIABETICS, INSULIN.....	52
ANTIDIABETICS, INSULIN SENSITIZER	53
ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION.....	53
ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION	53
ANTIDIABETICS, MEGLITINIDE	53

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS	53
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS	54
ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS	54
ANTIDIABETICS, SULFONYLUREA.....	54
ANTIOBESITY	54
CALCIUM RECEPTOR AGONISTS	55
CALCIUM REGULATORS, BIPHOSPHONATES	55
CALCIUM REGULATORS, MISCELLANEOUS.....	55
CALCIUM REGULATORS, PARATHYROID HORMONES	55
CARNITINE DEFICIENCY AGENTS	55
CENTRAL PRECOCIOUS PUBERTY	55
CHELATING AGENTS	55
CONTRACEPTIVES	56
DIABETIC SUPPLIES	57
ENDOMETRIOSIS	57
FERTILITY REGULATORS.....	58
GLUCOCORTICOIDS	58
GLUCOSE ELEVATING AGENTS	58
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	58
HUMAN GROWTH HORMONES	59
LYSOSOMAL STORAGE DISORDERS	59
LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE	59
LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE.....	59
MENOPAUSAL SYMPTOM AGENTS.....	59
MISCELLANEOUS.....	60
PHOSPHATE BINDER AGENTS.....	60
POTASSIUM-REMOVING AGENTS	60
PROGESTINS.....	60
THYROID AGENTS.....	61
UREA CYCLE DISORDER	61
UTERINE FIBROIDS.....	61
VASOPRESSINS	61
VITAMIN D ANALOGS.....	61
GASTROINTESTINAL	61
ANTICHOLINERGICS	61
ANTIDIARRHEALS	61
ANTIEMETICS	61
EOSINOPHILIC ESOPHAGITIS	62
H2-RECEPTOR ANTAGONISTS	62
INFLAMMATORY BOWEL DISEASE	62
IRRITABLE BOWEL SYNDROME WITH CONSTIPATION	62
IRRITABLE BOWEL SYNDROME WITH DIARRHEA.....	63

LAXATIVES.....	63
MISCELLANEOUS	63
PANCREATIC ENZYMES.....	63
PROTON PUMP INHIBITORS	63
RECTAL, CORTICOSTEROIDS.....	64
ULCER THERAPY COMBINATIONS	64
GENITOURINARY.....	64
BENIGN PROSTATIC HYPERPLASIA	64
ERECTILE DYSFUNCTION	64
MISCELLANEOUS.....	64
URINARY ANTISPASMODICS	64
VAGINAL ANTI-INFECTIVES	65
HEMATOLOGIC.....	65
ANTICOAGULANTS.....	65
BLEEDING DISORDERS AGENTS.....	65
HEMATOPOIETIC GROWTH FACTORS.....	65
HEMOPHILIA A AGENTS	66
HEMOPHILIA B AGENTS.....	66
MISCELLANEOUS.....	66
PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS.....	66
PLATELET AGGREGATION INHIBITORS	67
SICKLE CELL DISEASE	67
THROMBOCYTOPENIA AGENTS.....	67
IMMUNOLOGIC AGENTS.....	67
ALLERGENIC EXTRACTS.....	67
ALOPECIA AREATA	67
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED).....	67
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS.....	67
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS....	68
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE.....	68
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), HIDRADENITIS SUPPURATIVA	69
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS	69
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS	69
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS.....	70
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS	71
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS	71
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)	72
HEREDITARY ANGIOEDEMA.....	72
IMMUNOGLOBULIN.....	72
IMMUNOSUPPRESSANTS	72
MEDICAL DEVICES.....	72
THYROID AGENTS	72
NUTRITIONAL/SUPPLEMENTS	73

ELECTROLYTES	73
VITAMINS.....	73
OPHTHALMIC	73
ANTI-INFECTIVE/ANTI-INFLAMMATORY	73
ANTI-INFECTIVES	73
ANTI-INFLAMMATORIES.....	74
ANTIALLERGICS	74
ANTIGLAUCOMA BETA-BLOCKERS.....	75
ANTIGLAUCOMA COMBINATION AGENTS.....	75
CARBONIC ANHYDRASE INHIBITORS	75
DRY EYE DISEASE.....	75
PROSTAGLANDINS	75
RETINAL DISORDERS.....	75
RHO KINASE INHIBITORS.....	75
SYMPATHOMIMETICS.....	75
RESPIRATORY.....	75
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS.....	75
ANAPHYLAXIS TREATMENT AGENTS	76
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS.....	76
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS.....	76
ANTICHOLINERGICS.....	76
ANTIHISTAMINE COMBINATIONS.....	76
ANTIHISTAMINES.....	76
BETA AGONISTS	76
CHRONIC OBSTRUCTIVE PULMONARY DISEASE.....	77
CHRONIC RHINOSINUSITIS WITH NASAL POLYPS.....	77
COLD/COUGH.....	77
CYSTIC FIBROSIS.....	77
LEUKOTRIENE MODIFIERS.....	77
LEUKOTRIENE RECEPTOR ANTAGONISTS	77
MAST CELL STABILIZERS.....	77
MISCELLANEOUS	77
NASAL STEROIDS	77
PULMONARY FIBROSIS AGENTS.....	77
SEVERE ASTHMA AGENTS.....	78
STEROID INHALANTS	78
STEROID/BETA-AGONIST COMBINATIONS	78
XANTHINES	79
TOPICAL	79
DERMATOLOGY, ACNE	79
DERMATOLOGY, ACTINIC KERATOSIS	79
DERMATOLOGY, ANTIBIOTICS.....	80
DERMATOLOGY, ANTIFUNGALS.....	80
DERMATOLOGY, ANTIPSORIATICS	80

DERMATOLOGY, ANTISEBORRHEICS	80
DERMATOLOGY, ATOPIC DERMATITIS.....	80
DERMATOLOGY, CHRONIC SPONTANEOUS URTICARIA	81
DERMATOLOGY, CORTICOSTEROIDS.....	81
DERMATOLOGY, LOCAL ANESTHETICS	81
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE	81
DERMATOLOGY, PRURIGO NODULARIS	82
DERMATOLOGY, ROSACEA.....	82
DERMATOLOGY, SCABICIDES AND PEDICULICIDES.....	82
MOUTH/THROAT/DENTAL AGENTS	82
OTIC	82
Index.....	83

INTRODUCTION

The UMWA Health and Retirement Funds (“the Funds”) is pleased to provide the 2026 **Funds Standard Formulary Prescribing Guide** as a useful reference and informational tool. The **Funds Standard Formulary Prescribing Guide** can assist practitioners in selecting clinically appropriate and cost-effective products for their patients.

The drugs represented have been reviewed by a National Pharmacy and Therapeutics (P&T) Committee and are approved for inclusion. The **Funds Standard Formulary Prescribing Guide** is reflective of current medical practice as of the date of review.

The information contained in this **Funds Standard Formulary Prescribing Guide** is provided solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. This **Funds Standard Formulary Prescribing Guide** is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. All the information in the **Funds Standard Formulary Prescribing Guide** is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber. The document is subject to state-specific regulations and rules, including, but not limited to, those regarding generic substitution, controlled substance schedules, preference for brands and mandatory generics whenever applicable.

We assume no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

National guidelines can be found on the National Guideline Clearinghouse site at ahrq.gov/gam/index.html.

NONDISCRIMINATION STATEMENT

Discrimination is Against the Law

The UMWA Health and Retirement Funds complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The UMWA Health and Retirement Funds does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

The UMWA Health and Retirement Funds:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Funds' Call Center at **800-291-1425**.

If you believe that the UMWA Health and Retirement Funds has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Compliance Manager
UMWA Health and Retirement Funds
160 Heartland Drive
Beckley, WV 25801
1-800-291-1425 (TTY: 711)

You can file a grievance in person or by mail. If you need help filing a grievance, the Compliance Manager is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/smartscreen/main.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/complaints/index.html.

Language Services

If your primary language is not English, language assistance services are available to you, free of charge. Call: 1-800-291-1425 (TTY: 711).

Español (SPANISH)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-291-1425 (TTY: 711).

繁體中文 (CHINESE)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-291-1425 (TTY: 711)。

Polski (POLISH)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-291-1425 (TTY: 711).

한국어 (KOREAN)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-291-1425 (TTY: 711). 번으로 전화해 주십시오.

Tiếng Việt (VIETNAMESE)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-291-1425 (TTY: 711).

Deutsch (GERMAN)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-291-1425 (TTY: 711).

آرَبِيَّة (ARABIC)

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-291-1425 (رقم هاتف الصم والبكم: 711).

Русский (RUSSIAN)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-291-1425 (TTY: 711).

Tagalog (TAGALOG – FILIPINO)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-291-1425 (TTY: 711).

Français (FRENCH)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-291-1425 (ATS: 711).

Deitsch (PENNSYLVANIA DUTCH)

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kanschd du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: 1-800-291-1425 (TTY: 711).

ગુજરાતી (GUJARATI)

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-800-291-1425 (TTY: 711).

Italiano (ITALIAN)

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-291-1425 (TTY: 711).

اُردُو (URDU)

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-800-291-1425 (TTY: 711)۔

हिंदी (HINDI)

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-291-1425 (TTY: 711). पर कॉल करें।

Diné Bizaad (Navajo)

Díí baa akó nínízin: Díí saad bee yáníłtí'go **Diné Bizaad**, saad bee áká'ánída'áwo'déé', t'áá jiik'eh, éí ná hółó, kóji' hódíłniih 1-800-291-1425 (TTY: 711)

PREFACE

The ***Funds Standard Formulary Prescribing Guide*** is organized by sections. Each section is divided by therapeutic drug class primarily defined by mechanism of action.

Individual pharmacy benefit plans may impose restrictions or not reimburse some products. In addition, over-the-counter (OTC) products, with the exception of insulin and diabetes monitoring products, are usually not included in the pharmacy benefit. Pharmacy law requires a valid prescription for purchase of needles and syringes in certain states. OTC products are listed for informational purposes. If covered in the pharmacy benefit, OTC products require a valid prescription.

Drugs represented in the ***Funds Standard Formulary Prescribing Guide*** may have varying cost to the plan member. Prescription benefit plan may alter coverage of certain products or vary copay amounts based on the condition being treated. Generic medications typically are available at the lowest cost, brand-name medications on the ***Funds Standard Formulary Prescribing Guide*** will generally cost more than generics, and brand-name medications not on the list will generally cost the most.

PHARMACY AND THERAPEUTICS (P&T) COMMITTEE

The services of an independent National Pharmacy and Therapeutics Committee ("P&T Committee") are utilized to approve clinically appropriate drug therapies. The P&T Committee is an external advisory body of clinical professionals from across the United States. The P&T Committee's voting members include physicians, pharmacists, a pharmacoeconomist and a medical ethicist, all of whom have a broad background of clinical and academic expertise regarding prescription drugs. Employees with significant clinical expertise are invited to meet with the P&T Committee, but no CVS Caremark® employee may vote on issues before the P&T Committee. Voting members of the P&T Committee must disclose any financial relationship or conflicts of interest with any pharmaceutical manufacturers.

GENERIC SUBSTITUTION

Generic substitution is a pharmacy action whereby a generic version is dispensed rather than a prescribed brand-name product.

One way to reduce out-of-pocket cost is by requesting a generic drug. Generic drugs are usually priced lower than their brand-name equivalents. Prescription generic drugs are:

- Approved by the U.S. Food and Drug Administration for safety and effectiveness and are manufactured under the same strict standards that apply to brand-name drugs.

- Tested in humans to assure the generic is absorbed into the bloodstream in a similar rate and extent compared to the brand-name drug. Generics may be different from the brand in size, color, and inactive ingredients, but this does not alter their effectiveness or ability to be absorbed just like the brand-name drug.
- Manufactured in the same strength and dosage form as the brand-name drugs.

When a generic drug is substituted for a brand-name drug, you can expect the generic to produce the same clinical effect and safety profile as the brand-name drug.

FUNDS STANDARD FORMULARY PREFERRED PRODUCT PROGRAM

Effective 07/01/2026

The Funds has a Preferred Product Program in the drug classes shown in the chart below. The preferred drugs in these classes are available to the beneficiary at the standard copay. If a non-preferred drug within these classes is selected, the prescriber will be asked to consider preferred drug(s) to be used before the non-preferred drug will be covered or obtain a medical necessity prior authorization for coverage. See the appropriate sections for the preferred and non-preferred lists. Additional classes may be added in the future. If you have questions, please call CVS Caremark® Customer Care at 1-800-294-4741. The current Funds Standard Formulary Preferred Product Program Drug List is as follows:

DRUG CLASS	PREFERRED	NON-PREFERRED (Medical Necessity Prior Authorization)
Anticoagulants	<i>dabigatran</i> ELIQUIS XARELTO	PRADAXA SAVAYSA
Antidiabetics, DPP-4 Inhibitors	<i>alogliptin</i> <i>saxagliptin</i> <i>sitagliptin</i> JANUVIA	BRYNOVIN NESINA ONGLYZA TRADJENTA ZITUVIO
Antidiabetics, DPP-4 Inhibitor Combinations	<i>alogliptin-metformin</i> <i>alogliptin-pioglitazone</i> <i>saxagliptin/metformin ext-rel</i> <i>sitagliptin-metformin</i> <i>sitagliptin-metformin ext-rel</i> JANUMET JANUMET XR TRIJARDY XR	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR OSEN ZITUVIMET ZITUVIMET XR

DRUG CLASS	PREFERRED	NON-PREFERRED (Medical Necessity Prior Authorization)
Antidiabetics, GLP-1 Receptor Agonists (Incretin Mimetic Agents)	<i>liraglutide</i> MOUNJARO OZEMPIC RYBELSUS TRULICITY	ADLYXIN BYDUREON BCISE BYETTA VICTOZA
Antidiabetics, SGLT-2 Inhibitors	<i>dapagliflozin</i> JARDIANCE	INVOKANA STEGLATRO
Antidiabetics, SGLT-2 Inhibitor Combinations	<i>dapagliflozin-metformin</i> SYNJARDY SYNJARDY XR	INVOKAMET INVOKAMET XR SEGLUROMET
Antidiabetics, SGLT-2 Inhibitor / DPP-4 Inhibitor Combinations	GLYXAMBI	STEGLUJAN
Dry Eye Disease	<i>cyclosporine</i> MIEBO RESTASIS XIIDRA	LACRISERT
Hypnotics (Sleep Aids)	<i>doxepin 3mg, 6 mg</i> <i>eszopiclone</i> <i>ramelteon</i> <i>zaleplon</i> <i>zolpidem</i> <i>zolpidem ext-rel</i> BELSOMRA DAYVIGO QUVIVIQ	EDLUAR
Irritable Bowel Syndrome with Constipation	<i>lubiprostone</i> <i>prucalopride</i> LINZESS TRULANCE	MOTEGRITY
Respiratory, Long-Acting Anticholinergic Inhalers ¹	INCRUSE ELIPTA SPIRIVA HANDHALER SPIRIVA RESPIMAT	TUDORZA PRESSAIR

DRUG CLASS	PREFERRED	NON-PREFERRED (Medical Necessity Prior Authorization)
Respiratory, Long-Acting Anticholinergic/Beta Agonist Combination Inhalers ¹	ANORO ELLIPTA STIOLTO RESPIMAT	BEVESPI AEROSPHERE
Urinary Antispasmodics (Overactive Bladder)	<i>darifenacin ext-rel</i> <i>fesoterodine ext-rel</i> <i>oxybutynin</i> <i>oxybutynin ext-rel</i> <i>solifenacin</i> <i>tolterodine</i> <i>tolterodine ext-rel</i> <i>trospium</i> <i>trospium ext-rel</i> GEMTESA MYRBETRIQ	GELNIQUE OXYTROL

- ¹Some products on this list may be covered under the Federal Black Lung Program. Products on the Black Lung List are not subject to the terms of the Funds Preferred Product Program. Please contact the Funds Call Center for more information if you have any questions about the Federal Black Lung Program Benefits.
- Note: Brand names listed on the preferred column may be subject to a change of status when a generic or OTC version becomes available.
- All medications contained in this list are subject to coverage based on FDA-approved maximum dosages(s).
- For more information about The Funds' Drug Benefit, go to UMWAFunds.org.

PRIOR AUTHORIZATION (PA)

Prescriptions for certain medications require a prior authorization to help ensure the medication is cost-effective and clinically appropriate. The review uses both formulary and clinical guidelines to determine if the plan will pay for certain medications.

For prior authorization review, your doctor should call CVS Caremark® at 1-800-294-5979 before you go to the pharmacy. The prior authorization line is for your doctor's use only.

DRUG CLASS	PRODUCTS REQUIRING PA <ul style="list-style-type: none"> • Includes brands and generics, where available • Some products may also be subject to quantity limits
Acne	<ul style="list-style-type: none"> • Adapalene Products (Differin – PA required only in adults age 36 and older, Epiduo, Epiduo Forte) • Topical Retinoids (such as tretinoin products and all products of the following brands: Altreno, Atralin, Avita, Retin-A, Retin-A Micro, Tretin-X, Veltin, Ziana) – PA required only in adults age 26 and older • Tazarotene Products (Tazorac, Fabior, Arazlo) • Trifarotene (Aklief) • Clascoterone (Winlevi)
Atopic Dermatitis	<ul style="list-style-type: none"> • Ruxolitinib cream (Opzelura)
Select Antibiotics and Antifungal Agents	<ul style="list-style-type: none"> • Select oral and injectable Antibiotics and antifungal agents (Daptomycin, Gentamycin, Streptomycin, Vancomycin) • Voriconazole (Vfend)
Anti-obesity Agents (Weight Loss)	<ul style="list-style-type: none"> • Benzphetamine, Diethylpropion, Liraglutide (Saxenda), Orlistat (Xenical), Phentermine, Phentermine and Topiramate extended-release (Qsymia), Phendimetrazine, Contrave, Foundayo, Wegovy, Zepbound
Chronic Spontaneous Urticaria	<ul style="list-style-type: none"> • Rhapsido
Compound Medications*	<ul style="list-style-type: none"> • Select medications <p>*A compound medication is one that is made by combining, mixing or altering ingredients, in response to a prescription, to create a customized medication that is not otherwise commercially available.</p>
Contraceptives	<ul style="list-style-type: none"> • Non-contraceptive medical necessity only (Grandfathered plans not subject to the Affordable Care Act only)
Diabetes – Disposable Insulin Pump Devices	<ul style="list-style-type: none"> • OmniPod • V-Go
Hyperinflation Management	<ul style="list-style-type: none"> • Select drugs that are exponentially more expensive than readily available lower-cost alternatives and whose price is not supported by evidence of greater clinical efficacy. For more information, go to UMWAFunds.org/prescription-drug-plan-benefits
Hypoactive Sexual Desire Disorder	<ul style="list-style-type: none"> • Addyi

DRUG CLASS	PRODUCTS REQUIRING PA <ul style="list-style-type: none"> • <i>Includes brands and generics, where available</i> • <i>Some products may also be subject to quantity limits</i>
Pain	<ul style="list-style-type: none"> • Extended-Release Opioids – must use an immediate-release opioid before an extended-release form is covered • Oral-Intranasal Fentanyl (such as Actiq, fentanyl buccal tablet, fentanyl sublingual tablet, fentanyl transmucosal lozenge, Fentora, Lazanda, Subsys) • Duexis/Vimovo (NSAID combination products)
Peanut Allergy Immunotherapy	<ul style="list-style-type: none"> • Palforzia
Respiratory - Miscellaneous	<ul style="list-style-type: none"> • Brinsupri
Miscellaneous	<ul style="list-style-type: none"> • Auvi-Q – use alternative (examples include epinephrine auto-injector, EpiPen, EpiPen Jr, Symjepi) • Fortamet/Glumetza (including their generic metformin ER versions) – use generic Glucophage XR (metformin ER) • Zegerid (including omeprazole-sodium bicarbonate) – use generic Proton Pump Inhibitor (PPI) • Select Medical Devices (510K Pathway) and Artificial Saliva Products

SPECIALTY GUIDELINE MANAGEMENT – PRIOR AUTHORIZATION FOR SPECIALTY DRUGS

Your plan has guidelines in place to help ensure appropriate coverage of specialty medications. Many specialty medications are biotech drugs or drugs that have limited access, complicated treatment regimens, specialty storage requirements and/or special monitoring requirements. Specialty medications will be reviewed for clinical appropriateness based on clinical guidelines, as well as formulary coverage and/or quantity limits. Your doctor needs to obtain prior authorization for specialty drugs before they will be covered by your prescription benefit plan.

For a full list of specialty drugs, refer to CVSSpecialty.com or call CVS Specialty® at 1-800-237-2767. For specialty drug prior authorization review, your doctor should call CVS Specialty at 1-866-814-5506 before you go to the pharmacy. The prior authorization line is for your doctor's use only.

ADVANCED CONTROL SPECIALTY FORMULARY®

The Funds has a preferred product program called the Advanced Control Specialty Formulary (ACSF). The preferred drugs in ACSF classes are available at the standard copay. If a non-preferred drug within these classes is selected, the prescriber will be asked to consider preferred drug(s) to be used before the non-preferred drug will be covered. If you have questions, please call CVS Caremark Customer Care at 1-800-294-4741. Visit www.umwafunds.org/prescription-drug-plan-benefits to see the ACSF Drug List and for more information.

QUANTITY LIMITS

The drug classes listed on the following chart have limits based on FDA-approved prescribing information, approved medical guidelines and/or the average utilization quantity for the drugs.

The limits affect only the amount of medication that the prescription benefit plan pays for, not whether you can get a greater quantity. The final decision about the amount of medication you receive remains between you and your doctor. Please contact CVS Caremark Customer Care for specific questions about quantity limits.

Note: Some of the quantity limits have a prior authorization available if you exceed the initial drug's limit. Those drugs with a prior authorization available are noted below. If your doctor determines that a different amount is appropriate, your doctor should call CVS Caremark at 1-800-294-5979 to request prior authorization for a larger quantity. The prior authorization line is for your doctor's use only.

QUANTITY LIMIT CLASSES	DRUG NAME EXAMPLES <i>Includes brands and generics, where available</i>	PA AVAILABLE <i>To Exceed Initial Quantity Limit</i>
Erectile Dysfunction	Cialis, Levitra, Staxyn, Stendra, Viagra, Caverject, Edex, Muse	No
Condoms	Male and Female Condoms (applies only to Non-Grandfathered plans with Affordable Care Act coverage of condoms)	Yes
Diabetic Supplies	Continuous Glucose Monitor (CGM) Sensors	No

QUANTITY LIMIT CLASSES	DRUG NAME EXAMPLES <i>Includes brands and generics, where available</i>	PA AVAILABLE <i>To Exceed Initial Quantity Limit</i>
Select Antibacterial and Antifungal Agents	Topical agents (ciclopirox, clotrimazole, econazole, ketoconazole, luliconazole, oxiconazole, Nystatin, mupirocin, clindamycin, gentamycin) Oral agents (vancomycin)	No
Pain – Non-Opioid	Topical Lidocaine 5% ointment	Yes
Pain – Opioid**	Oxycodone extended-release (Oxycontin, Xtampza ER)	Yes

Log in to [Caremark.com](https://www.caremark.com) to check coverage and copay[†] information for a specific medicine. For more information, contact a CVS Caremark Customer Care Representative at **1-800-294-4741**.

LEGEND

Abbreviation Description

MNPA	Medical Necessity Prior Authorization
Preferred	Preferred Product
delayed-rel	Delayed-release (also known as enteric-coated), refer to the reference brand listed for clarification
ext-rel	Extended-release (also known as sustained-release), refer to the reference brand listed for clarification

NOTICE

The information contained in this document is proprietary. The information may not be copied in whole or in part without written permission of the Funds. ©2026. All rights reserved.

This document contains references to brand-name prescription drugs that are trademarks or registered trademarks of pharmaceutical manufacturers not affiliated with the Funds.

Please be advised that the *Funds Standard Formulary Prescribing Guide* is updated periodically and changes may appear prior to their effective date to allow for client notification.

FUNDS' WEBSITE

For more information about the Funds' drug benefit, please access our website at: UMWAFunds.org

Frequently Used Telephone Numbers:

CVS Caremark Customer Care

Phone: 1-800-249-4741

CVS Caremark Prior Authorization

Phone: 1-800-294-5979

Fax: 1-888-836-0730

CVS Specialty

Phone: 1-800-237-2767

Fax: 1-866-295-2778

The Funds Call Center (Beckley, WV)

Phone: 1-800-291-1425

DRUG NAME	FORMULARY STATUS
ANALGESICS	
COX-2 INHIBITORS	
<i>celecoxib caps 50mg, 100mg, 200mg, 400mg</i>	Preferred
GOUT	
<i>allopurinol tabs 100mg, 300mg</i>	Preferred
<i>allopurinol tabs 200mg</i>	
<i>allopurinol sodium solr 500mg</i>	Preferred
<i>colchicine caps .6mg; tabs .6mg</i>	Preferred
<i>probenecid tabs 500mg</i>	Preferred
MISCELLANEOUS	
<i>clonidine hcl (analgesia) soln 100mcg/ml, 500mcg/ml</i>	
NSAIDS	
<i>diclofenac sodium tb24 100mg</i>	
<i>diclofenac sodium tbec 25mg, 50mg, 75mg</i>	Preferred
<i>diclofenac sodium (topical) gel 1%; soln 1.5%, 2%</i>	Preferred
<i>etodolac caps 200mg, 300mg; tabs 400mg, 500mg; tb24 400mg, 500mg, 600mg</i>	
<i>ibuprofen susp 100mg/5ml; tabs 300mg, 400mg, 600mg, 800mg</i>	Preferred
<i>ibuprofen lysine soln 10mg/ml</i>	Preferred
<i>meloxicam caps 5mg, 10mg; susp 7.5mg/5ml; tabs 7.5mg, 15mg</i>	Preferred
<i>nabumetone tabs 500mg, 750mg</i>	
<i>naproxen susp 125mg/5ml; tabs 250mg, 375mg, 500mg; tbec 375mg, 500mg</i>	Preferred
<i>naproxen sodium tabs 275mg, 550mg; tb24 375mg, 500mg, 750mg</i>	Preferred
<i>oxaprozin tabs 600mg</i>	
<i>sulindac tabs 150mg, 200mg</i>	
NSAIDS, COMBINATIONS	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	Preferred
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	Preferred
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	Preferred
OPIOID ANALGESICS	
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Preferred
<i>acetaminophen w/ codeine tab 300-15 mg</i>	Preferred
<i>acetaminophen w/ codeine tab 300-30 mg</i>	Preferred
<i>acetaminophen w/ codeine tab 300-60 mg</i>	Preferred
<i>fentanyl pt72 12mcg/hr, 25mcg/hr, 37.5mcg/hr, 50mcg/hr, 62.5mcg/hr, 75mcg/hr, 87.5mcg/hr, 100mcg/hr</i>	Preferred

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

<i>hydrocodone bitartrate cp12 10mg, 15mg, 20mg, 30mg, 40mg, 50mg; t24a 20mg, 30mg, 40mg, 60mg, 80mg, 100mg, 120mg</i>	Preferred
<i>hydrocodone-acetaminophen soln 7.5-325 mg/15ml</i>	Preferred
<i>hydrocodone-acetaminophen soln 10-300 mg/15ml</i>	Preferred
<i>hydrocodone-acetaminophen soln 10-325 mg/15ml</i>	Preferred
<i>hydrocodone-acetaminophen tab 2.5-325 mg</i>	Preferred
<i>hydrocodone-acetaminophen tab 5-300 mg</i>	Preferred
<i>hydrocodone-acetaminophen tab 5-325 mg</i>	Preferred
<i>hydrocodone-acetaminophen tab 7.5-300 mg</i>	Preferred
<i>hydrocodone-acetaminophen tab 7.5-325 mg</i>	Preferred
<i>hydrocodone-acetaminophen tab 10-300 mg</i>	Preferred
<i>hydrocodone-acetaminophen tab 10-325 mg</i>	Preferred
<i>hydromorphone hcl liqd 1mg/ml; soln .2mg/ml, 4mg/ml, 10mg/ml; tabs 2mg, 4mg, 8mg; tb24 8mg, 12mg, 16mg, 32mg</i>	Preferred
<i>methadone hcl conc 10mg/ml; soln 5mg/5ml, 10mg/5ml, 10mg/ml; tabs 5mg, 10mg; tbso 40mg</i>	Preferred
<i>morphine sulfate cp24 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 80mg, 100mg; soln .5mg/ml, 1mg/ml, 4mg/ml, 8mg/ml, 10mg/5ml, 10mg/ml, 20mg/5ml, 50mg/ml, 100mg/5ml; supp 5mg, 10mg, 20mg, 30mg; tabs 15mg, 30mg; tbc 15mg, 30mg, 60mg, 100mg, 200mg</i>	Preferred
<i>morphine sulfate beads cp24 30mg, 45mg, 60mg, 75mg, 90mg, 120mg</i>	Preferred
<i>oxycodone hcl caps 5mg; conc 100mg/5ml; soln 5mg/5ml; tabs 5mg, 15mg, 20mg, 30mg</i>	Preferred
<i>oxycodone w/ acetaminophen soln 5-325 mg/5ml</i>	Preferred
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Preferred
<i>tramadol hcl cp24 100mg, 200mg, 300mg; soln 5mg/ml; tabs 50mg, 75mg, 100mg; tb24 100mg, 200mg, 300mg</i>	Preferred
<i>tramadol hcl tabs 25mg</i>	
<i>XTAMPZA ER C12A 9MG, 13.5MG, 18MG, 27MG, 36MG</i>	Preferred

OPIOID PARTIAL AGONISTS

<i>BELBUCA FILM 75MCG, 150MCG, 300MCG, 450MCG, 600MCG, 750MCG, 900MCG</i>	Preferred
<i>buprenorphine ptwk 5mcg/hr, 7.5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr</i>	Preferred

SALICYLATES

<i>diflunisal tabs 500mg</i>	
------------------------------	--

VISCOSUPPLEMENTS

<i>DUROLANE PRSY 60MG/3ML</i>	Preferred
<i>EUFLEXXA SOSY 20MG/2ML</i>	Preferred

DRUG NAME	FORMULARY STATUS
GELSYN-3 SOSY 16.8MG/2ML	Preferred
ORTHOVISC SOSY 30MG/2ML	Preferred

ANESTHETICS

LOCAL ANESTHETICS

<i>chlorprocaine hcl soln 2%, 3%</i>
<i>tetracaine hcl soln 1%</i>

ANTI-INFECTIVES

ANTHELMINTICS

EMVERM CHEW 100MG	Preferred
<i>ivermectin tabs 3mg, 6mg</i>	Preferred
STROMECTOL TABS 3MG	

ANTI-BACTERIALS - MISCELLANEOUS

<i>sulfadiazine tabs 500mg</i>
<i>tinidazole tabs 250mg, 500mg</i>

ANTIFUNGALS

DIFLUCAN SUSR 40MG/ML; TABS 50MG, 100MG, 150MG, 200MG	
<i>fluconazole susr 10mg/ml, 40mg/ml; tabs 50mg, 100mg, 150mg, 200mg</i>	Preferred
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	
<i>griseofulvin ultramicrosize tabs 125mg, 250mg</i>	
<i>itraconazole caps 100mg; soln 10mg/ml</i>	Preferred
<i>nystatin tabs 500000unit</i>	
<i>terbinafine hcl tabs 250mg</i>	Preferred
<i>voriconazole solr 200mg; susr 40mg/ml; tabs 50mg, 200mg</i>	

ANTIMALARIALS

<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>
<i>atovaquone-proguanil hcl tab 250-100 mg</i>
<i>chloroquine phosphate tabs 250mg, 500mg</i>
<i>hydroxychloroquine sulfate tabs 100mg, 300mg, 400mg</i>
<i>mefloquine hcl tabs 250mg</i>

ANTIRETROVIRAL AGENTS

<i>abacavir sulfate soln 20mg/ml; tabs 300mg</i>	Preferred
APRETUDE SUER 600MG/3ML	Preferred
<i>atazanavir sulfate caps 150mg, 200mg, 300mg</i>	Preferred
<i>darunavir tabs 600mg, 800mg</i>	Preferred
<i>efavirenz tabs 600mg</i>	Preferred
<i>emtricitabine caps 200mg</i>	Preferred
<i>etravirine tabs 100mg, 200mg</i>	Preferred
<i>fosamprenavir calcium tabs 700mg</i>	

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

ISENTRESS CHEW 25MG, 100MG; PACK 100MG; TABS 400MG	Preferred
ISENTRESS HD TABS 600MG	Preferred
<i>lamivudine soln 10mg/ml; tabs 150mg, 300mg</i>	Preferred
<i>maraviroc tabs 150mg, 300mg</i>	Preferred
<i>nevirapine susp 50mg/5ml; tabs 200mg; tb24 100mg, 400mg</i>	Preferred
<i>ritonavir tabs 100mg</i>	Preferred
<i>tenofovir disoproxil fumarate tabs 300mg</i>	Preferred
TIVICAY TABS 10MG, 25MG, 50MG	Preferred
TIVICAY PD TBSO 5MG	Preferred
YEZTUGO SOLN 463.5MG/1.5ML; TABS 300MG	Preferred
<i>zidovudine caps 100mg; syr 50mg/5ml; tabs 300mg</i>	Preferred

ANTIRETROVIRAL COMBINATION AGENTS

<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Preferred
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	
BIKTARVY TAB	Preferred
CABENUVA SUS 400-600	Preferred
CABENUVA SUS 600-900	Preferred
CIMDUO TAB 300-300	Preferred
DESCOVY TAB 120-15MG	Preferred
DESCOVY TAB 200/25MG	Preferred
DOVATO TAB 50-300MG	Preferred
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Preferred
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Preferred
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Preferred
<i>emtricitabine-rilpivirine-tenofovir df tab 200-25-300 mg</i>	Preferred
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Preferred
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Preferred
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Preferred
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Preferred
GENVOYA TAB	Preferred
<i>lamivudine-zidovudine tab 150-300 mg</i>	Preferred
<i>lopinavir-ritonavir tab 100-25 mg</i>	Preferred
<i>lopinavir-ritonavir tab 200-50 mg</i>	Preferred
ODEFSEY TAB	Preferred
SYMTUZA TAB	Preferred
TRIUMEQ PD TAB	Preferred
TRIUMEQ TAB	Preferred

DRUG NAME	FORMULARY STATUS
ANTITUBERCULAR AGENTS	
<i>cycloserine caps 250mg</i>	
<i>ethambutol hcl tabs 100mg, 400mg</i>	
<i>isoniazid soln 100mg/ml; syrp 50mg/5ml; tabs 100mg, 300mg</i>	
<i>pyrazinamide tabs 500mg</i>	
<i>rifampin caps 150mg, 300mg; solr 600mg</i>	
ANTIVIRALS	
<i>acyclovir caps 200mg; tabs 400mg, 800mg</i>	Preferred
<i>famciclovir tabs 125mg, 250mg, 500mg</i>	
<i>oseltamivir phosphate caps 30mg, 45mg, 75mg; susr 6mg/ml</i>	Preferred
PAXLOVID PAK	Preferred
PAXLOVID TAB 150-100	Preferred
PAXLOVID TAB 300-100	Preferred
RELENZA DISKHALER AEPB 5MG/BLISTER	Preferred
<i>ribavirin solr 6gm</i>	
<i>valacyclovir hcl tabs 1gm, 500mg</i>	Preferred
<i>valganciclovir hcl solr 50mg/ml; tabs 450mg</i>	Preferred
CEPHALOSPORINS	
<i>cefadroxil caps 500mg; susr 250mg/5ml, 500mg/5ml; tabs 1gm</i>	
<i>cefdinir caps 300mg; susr 125mg/5ml, 250mg/5ml</i>	Preferred
<i>cefixime caps 400mg; susr 100mg/5ml, 200mg/5ml</i>	
<i>cefprozil susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Preferred
<i>cefuroxime axetil tabs 250mg, 500mg</i>	Preferred
<i>cefuroxime sodium solr 1.5gm, 750mg</i>	
<i>cephalexin caps 250mg, 500mg, 750mg; susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Preferred
ERYTHROMYCINS/MACROLIDES	
<i>azithromycin pack 1gm; solr 500mg; susr 100mg/5ml, 200mg/5ml; tabs 250mg, 500mg, 600mg</i>	Preferred
<i>clarithromycin susr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg; tb24 500mg</i>	Preferred
<i>erythromycin base cpep 250mg; tabs 250mg, 500mg; tbec 250mg, 333mg, 500mg</i>	Preferred
<i>erythromycin ethylsuccinate susr 200mg/5ml, 400mg/5ml; tabs 400mg</i>	Preferred
<i>fidaxomicin tabs 200mg</i>	Preferred
FLUOROQUINOLONES	
CIPRO SUSR 5GM/100ML, 500MG/5ML; TABS 250MG, 500MG	
<i>ciprofloxacin susr 5gm/100ml, 500mg/5ml</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>ciprofloxacin 200 mg/100ml in d5w</i>	Preferred
<i>ciprofloxacin 400 mg/200ml in d5w</i>	Preferred
<i>ciprofloxacin hcl tabs 100mg, 250mg, 500mg, 750mg</i>	Preferred
<i>levofloxacin soln 25mg/ml; tabs 250mg, 500mg, 750mg</i>	Preferred
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	Preferred
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	Preferred
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	Preferred
<i>moxifloxacin hcl tabs 400mg</i>	Preferred
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	Preferred

HEPATITIS B

<i>adefovir dipivoxil tabs 10mg</i>	
<i>entecavir tabs .5mg, 1mg</i>	Preferred
<i>lamivudine (hbv) tabs 100mg</i>	Preferred
<i>tenofovir disoproxil fumarate tabs 300mg</i>	Preferred

HEPATITIS C

EPCLUSA PAK 150-37.5	Genotypes 1, 2, 3, 4, 5, 6; Preferred
EPCLUSA PAK 200-50MG	Genotypes 1, 2, 3, 4, 5, 6; Preferred
EPCLUSA TAB 200-50MG	Genotypes 1, 2, 3, 4, 5, 6; Preferred
EPCLUSA TAB 400-100	Genotypes 1, 2, 3, 4, 5, 6; Preferred
HARVONI PAK	Genotypes 1, 4, 5, 6; Preferred
HARVONI PAK 45-200MG	Genotypes 1, 4, 5, 6; Preferred
HARVONI TAB 45-200MG	Genotypes 1, 4, 5, 6; Preferred
HARVONI TAB 90-400MG	Genotypes 1, 4, 5, 6; Preferred
<i>ribavirin (hepatitis c) caps 200mg; tabs 200mg</i>	Preferred
VOSEVI TAB	For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3); Preferred

MISCELLANEOUS

<i>chloramphenicol sodium succinate solr 1gm</i>	
<i>clindamycin hcl caps 75mg, 150mg, 300mg</i>	Preferred
<i>clindamycin palmitate hydrochloride solr 75mg/5ml</i>	Preferred
<i>clindamycin phosphate soln 300mg/2ml, 600mg/4ml, 900mg/6ml, 9000mg/60ml</i>	Preferred
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	Preferred
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	Preferred

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	Preferred
<i>dapsone tabs 25mg, 100mg</i>	
<i>linezolid soln 600mg/300ml; susr 100mg/5ml; tabs 600mg</i>	Preferred
<i>metronidazole caps 375mg; soln 500mg/100ml; tabs 125mg, 250mg, 500mg</i>	Preferred
<i>nitrofurantoin susp 25mg/5ml</i>	Preferred
<i>nitrofurantoin macrocrystal caps 25mg, 50mg, 100mg</i>	Preferred
<i>nitrofurantoin monohyd macro caps 100mg</i>	Preferred
<i>pyrimethamine tabs 25mg</i>	Preferred
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Preferred
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Preferred
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Preferred
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Preferred
<i>trimethoprim tabs 100mg</i>	
<i>vancomycin hcl caps 125mg, 250mg</i>	Preferred
XIFAXAN TABS 550MG	Preferred

PENICILLINS

<i>amoxicillin caps 250mg, 500mg; chew 125mg, 250mg; susr 125mg/5ml, 200mg/5ml, 250mg/5ml, 400mg/5ml; tabs 500mg, 875mg</i>	Preferred
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Preferred
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Preferred
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Preferred
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Preferred
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Preferred
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Preferred
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Preferred
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	
<i>ampicillin caps 500mg</i>	
<i>ampicillin sodium solr 1gm, 2gm, 10gm, 125mg, 250mg, 500mg</i>	
AUGMENTIN SUS 125/5ML	
AUGMENTIN SUS 250/5ML	
AUGMENTIN SUS ES-600	
AUGMENTIN TAB 500MG	
<i>dicloxacillin sodium caps 250mg, 500mg</i>	Preferred
<i>penicillin v potassium solr 125mg/5ml, 250mg/5ml; tabs 250mg, 500mg</i>	Preferred

TETRACYCLINES

<i>doxycycline (monohydrate) caps 50mg, 75mg, 100mg, 150mg; susr 25mg/5ml; tabs 50mg, 75mg, 100mg, 150mg</i>	
<i>doxycycline hyclate caps 50mg, 100mg; solr 100mg; tabs 20mg, 50mg, 75mg, 100mg, 150mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

<i>minocycline hcl caps 50mg, 75mg, 100mg; tabs 50mg, 75mg, 100mg</i>	Preferred
---	-----------

<i>minocycline hcl tb24 105mg, 135mg</i>	
--	--

<i>tetracycline hcl caps 250mg, 500mg</i>	Preferred
---	-----------

ANTINEOPLASTIC AGENTS

ALKYLATING AGENTS

<i>bendamustine hcl solr 25mg, 100mg</i>	
--	--

<i>cyclophosphamide caps 25mg, 50mg</i>	
---	--

<i>melphalan hcl solr 50mg</i>	
--------------------------------	--

<i>temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg</i>	Preferred
--	-----------

ANTIBIOTICS

<i>mitoxantrone hcl conc 2mg/ml</i>	
-------------------------------------	--

<i>valrubicin soln 40mg/ml</i>	
--------------------------------	--

ANTIMETABOLITES

<i>azacitidine susr 100mg</i>	
-------------------------------	--

<i>capecitabine tabs 150mg, 500mg</i>	Preferred
---------------------------------------	-----------

<i>decitabine solr 50mg</i>	
-----------------------------	--

LONSURF TAB 15-6.14	Preferred
---------------------	-----------

LONSURF TAB 20-8.19	Preferred
---------------------	-----------

<i>mercaptopurine tabs 50mg</i>	
---------------------------------	--

<i>methotrexate sodium soln 1gm/40ml, 50mg/2ml, 250mg/10ml; solr 1gm</i>	
--	--

<i>pemetrexed disodium solr 100mg, 500mg, 750mg, 1000mg</i>	Preferred
---	-----------

BIOLOGIC RESPONSE MODIFIERS

ERIVEDGE CAPS 150MG	Preferred
---------------------	-----------

<i>lenalidomide caps 2.5mg, 5mg, 10mg, 15mg, 20mg, 25mg</i>	Preferred
---	-----------

THALOMID CAPS 50MG, 100MG, 150MG, 200MG	Preferred
---	-----------

BIOSIMILARS

KANJINTI SOLR 150MG, 420MG	Preferred
----------------------------	-----------

RUXIENCE SOLN 100MG/10ML, 500MG/50ML	Preferred
--------------------------------------	-----------

TRAZIMERA SOLR 150MG, 420MG	Preferred
-----------------------------	-----------

ZIRABEV SOLN 100MG/4ML, 400MG/16ML	Preferred
------------------------------------	-----------

HORMONAL ANTINEOPLASTIC AGENTS

<i>abiraterone acetate tabs 250mg, 500mg</i>	Preferred
--	-----------

<i>anastrozole tabs 1mg</i>	
-----------------------------	--

<i>bicalutamide tabs 50mg</i>	Preferred
-------------------------------	-----------

CASODEX TABS 50MG	
-------------------	--

ELIGARD KIT 7.5MG, 22.5MG, 30MG, 45MG	Preferred
---------------------------------------	-----------

ERLEADA TABS 60MG, 240MG	Preferred
--------------------------	-----------

<i>exemestane tabs 25mg</i>	
-----------------------------	--

<i>letrozole tabs 2.5mg</i>	
-----------------------------	--

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

<i>leuprolide acetate kit 1mg/0.2ml</i>	Preferred
<i>megestrol acetate tabs 20mg, 40mg</i>	
NUBEQA TABS 300MG	Preferred
<i>tamoxifen citrate tabs 10mg, 20mg</i>	
XTANDI CAPS 40MG; TABS 40MG, 80MG	Preferred
YONSA TABS 125MG	Preferred

KINASE INHIBITORS

ALECENSA CAPS 150MG	Preferred
ALUNBRIG TABS 30MG, 90MG, 180MG	Preferred
ALUNBRIG PAK	Preferred
AUGTYRO CAPS 40MG	Preferred
AUGTYRO CAPS 160MG	
BOSULIF CAPS 50MG, 100MG	
BOSULIF TABS 100MG, 400MG, 500MG	Preferred
BRAFTOVI CAPS 75MG	Preferred
BRUKINSA CAPS 80MG	Preferred
BRUKINSA TABS 160MG	
CABOMETYX TABS 20MG, 40MG, 60MG	Preferred
CALQUENCE CAPS 100MG; TABS 100MG	Preferred
<i>dasatinib tabs 20mg, 50mg, 70mg, 80mg, 100mg, 140mg</i>	Preferred
<i>erlotinib hcl tabs 25mg, 100mg, 150mg</i>	Preferred
<i>everolimus tabs 2.5mg, 5mg, 7.5mg, 10mg; tbso 2mg, 3mg, 5mg</i>	Preferred
GAVRETO CAPS 100MG	Preferred
<i>gefitinib tabs 250mg</i>	Preferred
GOMEKLI CAPS 1MG, 2MG; TBSO 1MG	Preferred
IBRANCE CAPS 75MG, 100MG, 125MG; TABS 75MG, 100MG, 125MG	Preferred
IBTROZI CAPS 200MG	Preferred
<i>imatinib mesylate tabs 100mg, 400mg</i>	Preferred
INLYTA TABS 1MG, 5MG	Preferred
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	Preferred
KISQALI TBPk 200MG	Preferred
KISQALI 200 PAK FEMARA	Preferred
KISQALI 400 PAK FEMARA	Preferred
KISQALI 600 PAK FEMARA	Preferred
KOSELUGO CAPS 10MG, 25MG	Preferred
<i>lapatinib ditosylate tabs 250mg</i>	Preferred
LENVIMA 4 MG DAILY DOSE CPPK 4MG	Preferred
LENVIMA 8 MG DAILY DOSE CPPK 4MG	Preferred
LENVIMA 10 MG DAILY DOSE CPPK 10MG	Preferred
LENVIMA 12MG DAILY DOSE CPPK 4MG	Preferred
LENVIMA 20 MG DAILY DOSE CPPK 10MG	Preferred

DRUG NAME	FORMULARY STATUS
LENVIMA CAP 14 MG	Preferred
LENVIMA CAP 18 MG	Preferred
LENVIMA CAP 24 MG	Preferred
MEKINIST SOLR .05MG/ML; TABS .5MG, 2MG	Preferred
MEKTOVI TABS 15MG	Preferred
<i>nilotinib hcl caps 50mg, 150mg, 200mg</i>	Preferred
<i>pazopanib hcl tabs 200mg, 400mg</i>	Preferred
PIQRAY 200MG DAILY DOSE TBPK 200MG	Preferred
PIQRAY 250MG TAB DOSE	Preferred
PIQRAY 300MG DAILY DOSE TBPK 150MG	Preferred
RETEVMO TABS 40MG, 80MG, 120MG, 160MG	Preferred
ROZLYTREK CAPS 100MG, 200MG	Preferred
ROZLYTREK PACK 50MG	
RYDAPT CAPS 25MG	Preferred
SCEMBLIX TABS 20MG, 40MG, 100MG	Preferred
<i>sorafenib tosylate tabs 200mg</i>	Preferred
STIVARGA TABS 40MG	Preferred
<i>sunitinib malate caps 12.5mg, 25mg, 37.5mg, 50mg</i>	Preferred
TAFINLAR CAPS 50MG, 75MG; TBSO 10MG	Preferred
TAGRISSO TABS 40MG, 80MG	Preferred
<i>temsirolimus soln 25mg/ml</i>	
TRUQAP TABS 160MG, 200MG; TBPK 160MG, 200MG	Preferred
TURALIO CAPS 125MG	Preferred
VITRAKVI CAPS 25MG, 100MG; SOLN 20MG/ML	Preferred
XOSPATA TABS 40MG	Preferred
ZYKADIA TABS 150MG	Preferred
MISCELLANEOUS	
<i>bexarotene caps 75mg</i>	Preferred
<i>hydroxyurea caps 500mg</i>	
KRAZATI TABS 200MG	Preferred
LUMAKRAS TABS 120MG, 320MG	Preferred
LUMAKRAS TABS 240MG	
LYNPARZA TABS 100MG, 150MG	Preferred
ODOMZO CAPS 200MG	Preferred
<i>tretinoin (chemotherapy) caps 10mg</i>	
VISTOGARD PACK 10GM	Preferred
ZEJULA CAPS 100MG	Preferred
ZEJULA TABS 100MG, 200MG, 300MG	
MITOTIC INHIBITORS	
<i>paclitaxel conc 6mg/ml, 30mg/5ml, 150mg/25ml, 300mg/50ml</i>	
<i>paclitaxel protein-bound particles for iv susp 100 mg</i>	
MONOCLONAL ANTIBODIES	
PHESGO SOL	Preferred

DRUG NAME	FORMULARY STATUS
POLYCYTHEMIA VERA	
BESREMI SOSY 500MCG/ML	Preferred
JAKAFI TABS 5MG, 10MG, 15MG, 20MG, 25MG	Preferred
PROTEASOME INHIBITORS	
<i>bortezomib solr 3.5mg</i>	Preferred
NINLARO CAPS 2.3MG, 3MG, 4MG	Preferred
PROTECTIVE AGENTS	
<i>levoleucovorin calcium soln 175mg/17.5ml, 250mg/25ml; solr 50mg</i>	
TOPOISOMERASE INHIBITORS	
<i>etoposide caps 50mg; soln 1gm/50ml, 100mg/5ml, 500mg/25ml</i>	
<i>topotecan hcl soln 4mg/4ml; solr 4mg</i>	
CARDIOVASCULAR	
ACE INHIBITOR COMBINATIONS	
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Preferred
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Preferred
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	Preferred
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	Preferred
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	Preferred
LOTENSIN HCT TAB 10-12.5	
LOTENSIN HCT TAB 20-12.5	
LOTENSIN HCT TAB 20-25MG	
<i>quinapril-hydrochlorothiazide tab 10-12.5 mg</i>	Preferred
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Preferred
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Preferred
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	
VASERETIC TAB 10-25MG	

DRUG NAME	FORMULARY STATUS
ACE INHIBITORS	
ACCUPRIL TABS 5MG, 10MG, 20MG, 40MG	
<i>benazepril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	
<i>captopril tabs 12.5mg, 25mg, 50mg, 100mg</i>	
<i>enalapril maleate soln 1mg/ml; tabs 2.5mg, 5mg, 10mg, 20mg</i>	Preferred
<i>enalaprilat soln 1.25mg/ml</i>	
<i>fosinopril sodium tabs 10mg, 20mg, 40mg</i>	Preferred
<i>lisinopril tabs 2.5mg, 5mg, 10mg, 20mg, 30mg, 40mg</i>	Preferred
LOTENSIN TABS 10MG, 20MG, 40MG	
<i>perindopril erbumine tabs 2mg, 4mg, 8mg</i>	
<i>quinapril hcl tabs 5mg, 10mg, 20mg, 40mg</i>	Preferred
<i>ramipril caps 1.25mg, 2.5mg, 5mg, 10mg</i>	Preferred
<i>trandolapril tabs 1mg, 2mg, 4mg</i>	
ZESTRIL TABS 2.5MG, 5MG, 10MG, 20MG, 30MG, 40MG	
ALDOSTERONE RECEPTOR ANTAGONISTS	
<i>eplerenone tabs 25mg, 50mg</i>	
KERENDIA TABS 10MG, 20MG, 40MG	Preferred
<i>spironolactone tabs 25mg, 50mg, 100mg</i>	Preferred
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	Preferred
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	Preferred
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	Preferred
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	Preferred
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	Preferred
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	Preferred
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	Preferred
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	Preferred
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	Preferred
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	Preferred
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	Preferred
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	Preferred
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	Preferred
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	Preferred
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	Preferred
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Preferred
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Preferred
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Preferred
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Preferred
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Preferred
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Preferred
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Preferred
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Preferred
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Preferred
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Preferred
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	Preferred
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Preferred
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Preferred
<i>telmisartan-amlodipine tab 40-5 mg</i>	Preferred
<i>telmisartan-amlodipine tab 40-10 mg</i>	Preferred
<i>telmisartan-amlodipine tab 80-5 mg</i>	Preferred
<i>telmisartan-amlodipine tab 80-10 mg</i>	Preferred
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Preferred
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Preferred
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Preferred
TRIBENZOR TAB	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Preferred
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Preferred
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Preferred
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Preferred
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Preferred
ANGIOTENSIN II RECEPTOR ANTAGONISTS	
<i>candesartan cilexetil tabs 4mg, 8mg, 16mg, 32mg</i>	Preferred
<i>irbesartan tabs 75mg, 150mg, 300mg</i>	Preferred
<i>losartan potassium tabs 25mg, 50mg, 100mg</i>	Preferred
<i>olmesartan medoxomil tabs 5mg, 20mg, 40mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

<i>telmisartan tabs 20mg, 40mg, 80mg</i>	Preferred
<i>valsartan soln 4mg/ml</i>	
<i>valsartan tabs 40mg, 80mg, 160mg, 320mg</i>	Preferred

ANTIARRHYTHMICS

<i>amiodarone hcl soln 50mg/ml, 900mg/18ml; tabs 100mg, 200mg, 400mg</i>	Preferred
<i>disopyramide phosphate caps 100mg, 150mg</i>	Preferred
<i>flecainide acetate tabs 50mg, 100mg, 150mg</i>	
MULTAQ TABS 400MG	Preferred
<i>propafenone hcl cp12 225mg, 325mg, 425mg; tabs 150mg, 225mg, 300mg</i>	
<i>sotalol hcl tabs 80mg, 120mg, 160mg, 240mg</i>	Preferred
<i>sotalol hcl (afib/afI) tabs 80mg, 120mg, 160mg</i>	

ANTILIPEMICS, ACL INHIBITORS/COMBINATIONS

NEXLETOL TABS 180MG	Preferred
NEXLIZET TAB 180/10MG	Preferred

ANTILIPEMICS, BILE ACID RESINS

<i>cholestyramine pack 4gm; powd 4gm/dose</i>	Preferred
<i>cholestyramine light pack 4gm; powd 4gm/dose</i>	
<i>colesevelam hcl pack 3.75gm; tabs 625mg</i>	Preferred
COLESTID GRAN 5GM; PACK 5GM; TABS 1GM	
<i>colestipol hcl gran 5gm; pack 5gm; tabs 1gm</i>	
QUESTRAN PACK 4GM; POWD 4GM/DOSE	
QUESTRAN LIGHT POWD 4GM/DOSE	

ANTILIPEMICS, CHOLESTEROL ABSORPTION INHIBITOR

<i>ezetimibe tabs 10mg</i>	Preferred
----------------------------	-----------

ANTILIPEMICS, FIBRATES

<i>choline fenofibrate cpdr 45mg, 135mg</i>	Preferred
<i>fenofibrate caps 50mg, 150mg; tabs 40mg, 48mg, 54mg, 120mg, 145mg, 160mg</i>	Preferred
<i>fenofibrate micronized caps 43mg, 67mg, 130mg, 134mg, 200mg</i>	Preferred
<i>gemfibrozil tabs 600mg</i>	
LOPID TABS 600MG	

ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS

<i>atorvastatin calcium tabs 10mg, 20mg, 40mg, 80mg</i>	Preferred
<i>fluvastatin sodium caps 20mg, 40mg</i>	Preferred
<i>fluvastatin sodium tb24 80mg</i>	
<i>lovastatin tabs 10mg, 20mg, 40mg</i>	Preferred
<i>pitavastatin calcium tabs 1mg, 2mg, 4mg</i>	Preferred
<i>pravastatin sodium tabs 10mg, 20mg, 40mg, 80mg</i>	Preferred
<i>rosuvastatin calcium tabs 5mg, 10mg, 20mg, 40mg</i>	Preferred
<i>simvastatin tabs 5mg, 10mg, 20mg, 40mg, 80mg</i>	Preferred
ZOCOR TABS 10MG, 20MG, 40MG, 80MG	

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

ANTILIPEMICS, HMG-COA REDUCTASE INHIBITORS/COMBINATIONS

<i>ezetimibe-simvastatin tab 10-10 mg</i>	Preferred
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Preferred
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Preferred
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Preferred
VYTORIN TAB 10-10MG	
VYTORIN TAB 10-20MG	
VYTORIN TAB 10-40MG	
VYTORIN TAB 10-80MG	

ANTILIPEMICS, MISCELLANEOUS

<i>niacin (antihyperlipidemic) tbc 500mg, 750mg, 1000mg</i>	Preferred
---	-----------

ANTILIPEMICS, OMEGA-3 FATTY ACIDS

<i>icosapent ethyl caps .5gm, 1gm</i>	Preferred
LOVAZA CAP 1GM	
<i>omega-3-acid ethyl esters cap 1 gm</i>	Preferred
VASCEPA CAPS .5GM, 1GM	Preferred

ANTILIPEMICS, PCSK9 INHIBITORS

REPATHA SOSY 140MG/ML	Preferred
REPATHA PUSHTRONEX SYSTEM SOCT 420MG/3.5ML	Preferred
REPATHA SURECLICK SOAJ 140MG/ML	Preferred

BETA-BLOCKER/DIURETIC COMBINATIONS

<i>atenolol & chlorthalidone tab 50-25 mg</i>	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	

BETA-BLOCKERS

<i>acebutolol hcl caps 200mg, 400mg</i>	Preferred
<i>atenolol tabs 25mg, 50mg, 100mg</i>	Preferred
<i>bisoprolol fumarate tabs 2.5mg, 5mg, 10mg</i>	
<i>carvedilol tabs 3.125mg, 6.25mg, 12.5mg, 25mg</i>	Preferred
<i>carvedilol phosphate cp24 10mg, 20mg, 40mg, 80mg</i>	Preferred
COREG TABS 3.125MG, 6.25MG, 12.5MG, 25MG	
CORGARD TABS 20MG, 40MG, 80MG	
<i>labetalol hcl soln 5mg/ml; tabs 100mg, 200mg, 300mg, 400mg</i>	
<i>metoprolol succinate tb24 25mg, 50mg, 100mg, 200mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

<i>metoprolol tartrate soln 5mg/5ml; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	Preferred
<i>nadolol tabs 20mg, 40mg, 80mg</i>	Preferred
<i>nebivolol hcl tabs 2.5mg, 5mg, 10mg, 20mg</i>	Preferred
<i>pindolol tabs 5mg, 10mg</i>	Preferred
<i>propranolol hcl cp24 60mg, 80mg, 120mg, 160mg; soln 1mg/ml, 20mg/5ml, 40mg/5ml; tabs 10mg, 20mg, 40mg, 60mg, 80mg</i>	Preferred

CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	Preferred
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	Preferred
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	Preferred
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	Preferred
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	Preferred
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	Preferred
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	Preferred
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	Preferred
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	Preferred
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	Preferred
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	Preferred
CADUET TAB 5-10MG	
CADUET TAB 5-20MG	
CADUET TAB 5-40MG	
CADUET TAB 5-80MG	
CADUET TAB 10-10MG	
CADUET TAB 10-20MG	
CADUET TAB 10-40MG	
CADUET TAB 10-80MG	

CALCIUM CHANNEL BLOCKERS

<i>amlodipine besylate tabs 2.5mg, 5mg, 10mg</i>	Preferred
<i>diltiazem hcl cp12 60mg, 90mg, 120mg; cp24 120mg, 180mg, 240mg; tb24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	Preferred
<i>diltiazem hcl coated beads cp24 120mg, 180mg, 240mg, 300mg, 360mg</i>	Preferred
<i>diltiazem hcl extended release beads cp24 120mg, 180mg, 240mg, 300mg, 360mg, 420mg</i>	Preferred
<i>felodipine tb24 2.5mg, 5mg, 10mg</i>	
<i>nifedipine tb24 30mg, 60mg, 90mg</i>	Preferred
PROCARDIA XL TB24 30MG, 60MG, 90MG	
TIAZAC CP24 120MG, 180MG, 240MG, 300MG, 360MG, 420MG	
<i>verapamil hcl cp24 100mg, 120mg, 180mg, 200mg, 240mg, 300mg, 360mg; tbc24 120mg, 180mg, 240mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
DIGITALIS GLYCOSIDES	
<i>digoxin soln .05mg/ml, .25mg/ml; tabs 62.5mcg, 125mcg, 250mcg</i>	Preferred
DIRECT RENIN INHIBITORS/COMBINATIONS	
<i>aliskiren fumarate tabs 150mg, 300mg</i>	Preferred
DIURETICS	
<i>acetazolamide cp12 500mg; tabs 125mg, 250mg</i>	
<i>acetazolamide sodium solr 500mg</i>	
ALDACTAZIDE TAB 25/25	
ALDACTAZIDE TAB 50/50	
<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	
<i>amiloride hcl tabs 5mg</i>	Preferred
<i>bumetanide soln .25mg/ml; tabs .5mg, 1mg, 2mg</i>	
<i>chlorthalidone tabs 25mg, 50mg</i>	Preferred
<i>dichlorphenamide tabs 50mg</i>	
<i>ethacrynic acid tabs 25mg</i>	Preferred
<i>furosemide soln 10mg/ml, 40mg/5ml; tabs 20mg, 40mg, 80mg</i>	Preferred
<i>hydrochlorothiazide caps 12.5mg; tabs 12.5mg, 25mg, 50mg</i>	Preferred
<i>indapamide tabs 1.25mg, 2.5mg</i>	
LASIX TABS 20MG, 40MG, 80MG	
<i>methazolamide tabs 25mg, 50mg</i>	
<i>metolazone tabs 2.5mg, 5mg, 10mg</i>	Preferred
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Preferred
<i>toremide tabs 5mg, 10mg, 20mg, 100mg</i>	Preferred
<i>triamterene caps 50mg, 100mg</i>	Preferred
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Preferred
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Preferred
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Preferred
HEART FAILURE	
FARXIGA TABS 5MG, 10MG	
INPEFA TABS 200MG, 400MG	Preferred
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	Preferred
<i>ivabradine hcl tabs 5mg, 7.5mg</i>	Preferred
JARDIANCE TABS 10MG, 25MG	Preferred
<i>sacubitril-valsartan tab 24-26 mg</i>	Preferred
<i>sacubitril-valsartan tab 49-51 mg</i>	Preferred
<i>sacubitril-valsartan tab 97-103 mg</i>	Preferred
VERQUVO TABS 2.5MG, 5MG, 10MG	Preferred
MISCELLANEOUS	
<i>clonidine ptwk .1mg/24hr, .2mg/24hr, .3mg/24hr</i>	
<i>clonidine hcl tabs .1mg, .2mg, .3mg</i>	
<i>droxidopa caps 100mg, 200mg, 300mg</i>	

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

<i>epinephrine sosal 1mg/10ml</i>	
<i>guanfacine hcl tabs 1mg, 2mg</i>	
<i>hydralazine hcl soln 20mg/ml; tabs 10mg, 25mg, 50mg, 100mg</i>	
<i>midodrine hcl tabs 2.5mg, 5mg, 10mg</i>	
<i>ranolazine tb12 500mg, 1000mg</i>	Preferred
VYNDAMAX CAPS 61MG	Preferred

NITRATES

<i>isosorbide dinitrate tabs 5mg, 10mg, 20mg, 30mg, 40mg</i>	Preferred
<i>isosorbide mononitrate tabs 10mg, 20mg</i>	Preferred
<i>isosorbide mononitrate tb24 30mg, 60mg, 120mg</i>	
<i>nitroglycerin pt24 .1mg/hr, .2mg/hr, .4mg/hr, .6mg/hr</i>	
<i>nitroglycerin soln .4mg/spray; subl .3mg, .4mg, .6mg</i>	Preferred
NITROLINGUAL SOLN .4MG/SPRAY	
NITROSTAT SUBL .3MG, .4MG, .6MG	

PULMONARY ARTERIAL HYPERTENSION

ADEMPAS TABS .5MG, 1MG, 1.5MG, 2MG, 2.5MG	Preferred
<i>ambrisentan tabs 5mg, 10mg</i>	Preferred
<i>bosentan tabs 62.5mg, 125mg; tbso 32mg</i>	Preferred
OPSUMIT TABS 10MG	Preferred
OPSYNVI TAB 10-20MG	Preferred
OPSYNVI TAB 10-40MG	Preferred
ORENITRAM TBCR .125MG, .25MG, 1MG, 2.5MG, 5MG	Preferred
ORENITRAM TAB MONTH 1	Preferred
ORENITRAM TAB MONTH 2	Preferred
ORENITRAM TAB MONTH 3	Preferred
<i>sildenafil citrate (pulmonary hypertension) soln 10mg/12.5ml; susr 10mg/ml; tabs 20mg</i>	Preferred
<i>tadalafil (pulmonary hypertension) tabs 20mg</i>	Preferred
TADLIQ SUSP 20MG/5ML	Preferred
<i>treprostinil soln 20mg/20ml, 50mg/20ml, 100mg/20ml, 200mg/20ml</i>	Preferred
TYVASO DPI MAINTENANCE KI POWD 16MCG, 32MCG, 48MCG, 64MCG, 80MCG	Preferred
TYVASO DPI POW 16-32-48	Preferred
TYVASO DPI POW 16-32MCG	Preferred
TYVASO DPI POW 32-48MCG	Preferred
TYVASO DPI POW MAIN KIT	Preferred
TYVASO STARTER KIT SOLN .6MG/ML	Preferred
UPTRAVI SOLR 1800MCG; TABS 200MCG, 400MCG, 600MCG, 800MCG, 1000MCG, 1200MCG, 1400MCG, 1600MCG	Preferred
UPTRAVI PACK TAB 200/800	Preferred

DRUG NAME	FORMULARY STATUS
YUTREPIA CAPS 26.5MCG, 53MCG, 79.5MCG, 106MCG	Preferred

CENTRAL NERVOUS SYSTEM

ALCOHOL DETERRENTS

acamprosate calcium tbec 333mg

disulfiram tabs 250mg, 500mg

AMYOTROPHIC LATERAL SCLEROSIS (ALS)

RADICAVA ORS SUSP 105MG/5ML Preferred

RADICAVA ORS STARTER KIT SUSP 105MG/5ML Preferred

ANTI-ANXIETY

alprazolam tabs .25mg, .5mg, 1mg, 2mg; tbdp .25mg, .5mg, 1mg, 2mg Preferred

alprazolam tb24 .5mg, 1mg, 2mg, 3mg

buspirone hcl tabs 5mg, 7.5mg, 10mg, 15mg, 30mg

clomipramine hcl caps 25mg, 50mg, 75mg

fluvoxamine maleate cp24 100mg, 150mg; tabs 25mg, 50mg, 100mg

lorazepam conc 2mg/ml; soln 2mg/ml, 4mg/ml; tabs .5mg, 1mg, 2mg Preferred

oxazepam caps 10mg, 15mg, 30mg Preferred

ANTIDEMENTIA

ARICEPT TABS 5MG, 10MG, 23MG

donepezil hydrochloride tabs 5mg, 10mg, 23mg; tbdp 5mg, 10mg Preferred

EXELON PT24 4.6MG/24HR, 9.5MG/24HR, 13.3MG/24HR

galantamine hydrobromide cp24 8mg, 16mg, 24mg; soln 4mg/ml; tabs 4mg, 8mg, 12mg Preferred

memantine hcl cp24 7mg, 14mg, 21mg, 28mg

memantine hcl soln 2mg/ml; tabs 5mg, 10mg Preferred

memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack Preferred

memantine hcl-donepezil hcl cap er 24hr 14-10 mg

memantine hcl-donepezil hcl cap er 24hr 21-10 mg

memantine hcl-donepezil hcl cap er 24hr 28-10 mg

NAMZARIC CAP Preferred

NAMZARIC CAP 7-10MG Preferred

NAMZARIC CAP 14-10MG Preferred

NAMZARIC CAP 21-10MG Preferred

NAMZARIC CAP 28-10MG Preferred

rivastigmine pt24 4.6mg/24hr, 9.5mg/24hr, 13.3mg/24hr Preferred

rivastigmine tartrate caps 1.5mg, 3mg, 4.5mg, 6mg Preferred

DRUG NAME	FORMULARY STATUS
ANTIDEPRESSANTS	
<i>amitriptyline hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	
AUVELITY TAB 45-105MG	Preferred
<i>bupropion hcl tabs 75mg, 100mg; tb12 100mg, 150mg, 200mg; tb24 150mg, 300mg, 450mg</i>	Preferred
CELEXA TABS 10MG, 20MG, 40MG	
<i>citalopram hydrobromide soln 10mg/5ml; tabs 10mg, 20mg, 40mg</i>	Preferred
<i>desipramine hcl tabs 10mg, 25mg, 50mg, 75mg, 100mg, 150mg</i>	
<i>desvenlafaxine succinate tb24 25mg, 50mg, 100mg</i>	Preferred
<i>doxepin hcl caps 10mg, 25mg, 50mg, 75mg, 100mg, 150mg; conc 10mg/ml</i>	
<i>duloxetine hcl cpep 20mg, 30mg, 40mg, 60mg</i>	Preferred
<i>escitalopram oxalate soln 5mg/5ml; tabs 5mg, 10mg, 20mg</i>	Preferred
FETZIMA CP24 20MG, 40MG, 80MG, 120MG	Preferred
FETZIMA CAP TITRATIO	Preferred
<i>fluoxetine hcl caps 10mg, 20mg, 40mg; soln 20mg/5ml; tabs 10mg, 20mg, 60mg</i>	Preferred
<i>imipramine hcl tabs 10mg, 25mg, 50mg</i>	
<i>mirtazapine tabs 7.5mg, 15mg, 30mg, 45mg; tbdp 15mg, 30mg, 45mg</i>	Preferred
<i>nortriptyline hcl caps 10mg, 25mg, 50mg, 75mg; soln 10mg/5ml</i>	
<i>paroxetine hcl susp 10mg/5ml; tabs 10mg, 20mg, 30mg, 40mg; tb24 12.5mg, 25mg, 37.5mg</i>	Preferred
<i>phenelzine sulfate tabs 15mg</i>	
REMERON TABS 15MG, 30MG	
REMERON SOLTAB TBDP 15MG, 30MG, 45MG	
<i>sertraline hcl caps 150mg, 200mg; conc 20mg/ml; tabs 25mg, 50mg, 100mg</i>	Preferred
SPRAVATO SOL 56MG DOS	Preferred
SPRAVATO SOL 84MG DOS	Preferred
<i>tranylcypromine sulfate tabs 10mg</i>	
<i>trazodone hcl tabs 50mg, 100mg, 150mg, 300mg</i>	Preferred
TRINTELLIX TABS 5MG, 10MG, 20MG	Preferred
<i>venlafaxine hcl cp24 37.5mg, 75mg, 150mg; tabs 25mg, 37.5mg, 50mg, 75mg, 100mg</i>	Preferred
<i>venlafaxine hcl tb24 37.5mg, 75mg, 150mg, 225mg</i>	
VIIBRYD TABS 10MG, 20MG, 40MG	Preferred
VIIBRYD KIT STARTER	Preferred
<i>vilazodone hcl tabs 10mg, 20mg, 40mg</i>	Preferred
WELLBUTRIN SR TB12 100MG, 150MG, 200MG	

DRUG NAME	FORMULARY STATUS
WELLBUTRIN XL TB24 150MG, 300MG	
ZURZUVAE CAPS 20MG, 25MG, 30MG	Preferred
ANTIPARKINSONIAN AGENTS	
<i>amantadine hcl caps 100mg; soln 50mg/5ml; tabs 100mg</i>	Preferred
<i>benztropine mesylate soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	
<i>bromocriptine mesylate caps 5mg; tabs 2.5mg</i>	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	Preferred
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	Preferred
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	Preferred
<i>carbidopa & levodopa tab 10-100 mg</i>	Preferred
<i>carbidopa & levodopa tab 25-100 mg</i>	Preferred
<i>carbidopa & levodopa tab 25-250 mg</i>	Preferred
<i>carbidopa & levodopa tab er 25-100 mg</i>	Preferred
<i>carbidopa & levodopa tab er 50-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Preferred
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Preferred
CREXONT CAP 35-140MG	Preferred
CREXONT CAP 52.5-210	Preferred
CREXONT CAP 70-280MG	Preferred
CREXONT CAP 87.5-350	Preferred
<i>entacapone tabs 200mg</i>	Preferred
INBRIJA CAPS 42MG	Preferred
NEUPRO PT24 1MG/24HR, 2MG/24HR, 3MG/24HR, 4MG/24HR, 6MG/24HR, 8MG/24HR	Preferred
PARLODEL CAPS 5MG; TABS 2.5MG	
<i>pramipexole dihydrochloride tabs .125mg, .25mg, .5mg, .75mg, 1mg, 1.5mg; tb24 .375mg, .75mg, 1.5mg, 2.25mg, 3mg, 3.75mg, 4.5mg</i>	Preferred
<i>rasagiline mesylate tabs .5mg, 1mg</i>	Preferred
<i>ropinirole hydrochloride tabs .25mg, .5mg, 1mg, 2mg, 3mg, 4mg, 5mg; tb24 2mg, 4mg, 6mg, 8mg, 12mg</i>	Preferred
RYTARY CAP 95MG	Preferred
RYTARY CAP 145MG	Preferred
RYTARY CAP 195MG	Preferred
RYTARY CAP 245MG	Preferred

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

selegiline hcl caps 5mg; tabs 5mg

Preferred

SINEMET TAB 10-100MG

SINEMET TAB 25-100MG

trihexyphenidyl hcl soln .4mg/ml; tabs 2mg, 5mg

ANTIPSYCHOTICS

ABILIFY ASIMTUFII PRSY 720MG/2.4ML,
960MG/3.2ML

Preferred

ABILIFY MAINTENA PRSY 300MG, 400MG; SRER
300MG, 400MG

Preferred

*aripiprazole soln 1mg/ml; tabs 2mg, 5mg, 10mg, 15mg,
20mg, 30mg; tbdp 10mg, 15mg*

Preferred

ARISTADA PRSY 441MG/1.6ML, 662MG/2.4ML,
882MG/3.2ML, 1064MG/3.9ML

Preferred

ARISTADA INITIO PRSY 675MG/2.4ML

Preferred

*chlorpromazine hcl conc 30mg/ml, 100mg/ml; soln
25mg/ml, 50mg/2ml; tabs 10mg, 25mg, 50mg, 100mg,
200mg*

*clozapine tabs 25mg, 50mg, 100mg, 200mg; tbdp
12.5mg, 25mg, 100mg, 150mg, 200mg*

Preferred

CLOZARIL TABS 25MG, 50MG, 100MG, 200MG

fluphenazine decanoate soln 25mg/ml

*fluphenazine hcl conc 5mg/ml; elix 2.5mg/5ml; soln
2.5mg/ml; tabs 1mg, 2.5mg, 5mg, 10mg*

haloperidol tabs .5mg, 1mg, 2mg, 5mg, 10mg, 20mg

haloperidol decanoate soln 50mg/ml, 100mg/ml

haloperidol lactate conc 2mg/ml; soln 5mg/ml

INVEGA HAFYERA SUSY 1092MG/3.5ML,
1560MG/5ML

Preferred

INVEGA SUSTENNA SUSY 39MG/0.25ML,
78MG/0.5ML, 117MG/0.75ML, 156MG/ML,
234MG/1.5ML

Preferred

INVEGA TRINZA SUSY 273MG/0.88ML,
410MG/1.32ML, 546MG/1.75ML, 819MG/2.63ML

Preferred

lurasidone hcl tabs 20mg, 40mg, 60mg, 80mg, 120mg

Preferred

*olanzapine solr 10mg; tabs 2.5mg, 5mg, 7.5mg, 10mg,
15mg, 20mg; tbdp 5mg, 10mg, 15mg, 20mg*

Preferred

perphenazine tabs 2mg, 4mg, 8mg, 16mg

*quetiapine fumarate tabs 25mg, 50mg, 100mg, 150mg,
200mg, 300mg, 400mg; tb24 50mg, 150mg, 200mg,
300mg, 400mg*

Preferred

RISPERDAL SOLN 1MG/ML; TABS .5MG, 1MG, 2MG,
3MG, 4MG

*risperidone soln 1mg/ml; tabs .25mg, .5mg, 1mg, 2mg,
3mg, 4mg; tbdp .25mg, .5mg, 1mg, 2mg, 3mg, 4mg*

Preferred

DRUG NAME	FORMULARY STATUS
-----------	------------------

SEROQUEL TABS 25MG, 50MG, 100MG, 200MG, 300MG, 400MG	
--	--

<i>thiothixene caps 1mg, 2mg, 5mg, 10mg</i>	
---	--

<i>trifluoperazine hcl tabs 1mg, 2mg, 5mg, 10mg</i>	
---	--

VRAYLAR CAPS .5MG, .75MG, 1.5MG, 3MG, 4.5MG, 6MG	Preferred
--	-----------

VRAYLAR CAP 1.5-3MG	Preferred
---------------------	-----------

<i>ziprasidone hcl caps 20mg, 40mg, 60mg, 80mg</i>	Preferred
--	-----------

<i>ziprasidone mesylate solr 20mg</i>	Preferred
---------------------------------------	-----------

ANTISEIZURE AGENTS

BRIVIACT SOLN 10MG/ML, 50MG/5ML; TABS 10MG, 25MG, 50MG, 75MG, 100MG	Preferred
---	-----------

<i>carbamazepine chew 100mg, 200mg; cp12 100mg, 200mg, 300mg; susp 100mg/5ml; tabs 200mg; tb12 100mg, 200mg, 400mg</i>	Preferred
--	-----------

CARBATROL CP12 100MG, 200MG, 300MG	
------------------------------------	--

<i>clobazam susp 2.5mg/ml; tabs 10mg, 20mg</i>	Preferred
--	-----------

<i>clonazepam tabs .5mg, 1mg, 2mg; tbdp .125mg, .25mg, .5mg, 1mg, 2mg</i>	Preferred
---	-----------

<i>diazepam conc 5mg/ml; soln 5mg/5ml, 5mg/ml; tabs 2mg, 5mg, 10mg</i>	Preferred
--	-----------

<i>diazepam (anticonvulsant) gel 2.5mg, 10mg, 20mg</i>	Preferred
--	-----------

DILANTIN CAPS 30MG, 100MG	
---------------------------	--

DILANTIN INFATABS CHEW 50MG	
-----------------------------	--

DILANTIN-125 SUSP 125MG/5ML	
-----------------------------	--

<i>divalproex sodium csdr 125mg; tb24 250mg, 500mg; tbec 125mg, 250mg, 500mg</i>	Preferred
--	-----------

<i>eslicarbazepine acetate tabs 200mg, 400mg, 600mg, 800mg</i>	Preferred
--	-----------

<i>ethosuximide caps 250mg; soln 250mg/5ml</i>	Preferred
--	-----------

<i>gabapentin caps 100mg, 300mg, 400mg; soln 250mg/5ml; tabs 600mg, 800mg</i>	Preferred
---	-----------

<i>lacosamide soln 10mg/ml, 200mg/20ml; tabs 50mg, 100mg, 150mg, 200mg</i>	Preferred
--	-----------

<i>lamotrigine chew 5mg, 25mg; kit 25mg; tabs 25mg, 100mg, 150mg, 200mg; tb24 25mg, 50mg, 100mg, 200mg, 250mg, 300mg; tbdp 25mg, 50mg, 100mg, 200mg</i>	Preferred
---	-----------

<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	Preferred
--	-----------

<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	Preferred
---	-----------

<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	Preferred
--	-----------

<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	Preferred
---	-----------

<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	Preferred
--	-----------

DRUG NAME	FORMULARY STATUS
<i>levetiracetam soln 100mg/ml, 500mg/5ml; tabs 250mg, 500mg, 750mg, 1000mg; tb24 500mg, 750mg</i>	Preferred
MYSOLINE TABS 50MG, 250MG	
NEURONTIN CAPS 100MG, 300MG, 400MG; SOLN 250MG/5ML; TABS 600MG, 800MG	
<i>oxcarbazepine susp 60mg/ml; tabs 150mg, 300mg, 600mg</i>	Preferred
<i>oxcarbazepine tb24 150mg, 300mg, 600mg</i>	
OXTELLAR XR TB24 150MG, 300MG, 600MG	Preferred
<i>perampanel tabs 2mg, 4mg, 6mg, 8mg, 10mg, 12mg</i>	
<i>phenobarbital elix 20mg/5ml; tabs 15mg, 16.2mg, 30mg, 32.4mg, 60mg, 64.8mg, 97.2mg, 100mg</i>	Preferred
<i>phenobarbital sodium soln 65mg/ml, 130mg/ml</i>	Preferred
<i>phenytoin chew 50mg; susp 100mg/4ml</i>	Preferred
<i>phenytoin sodium soln 50mg/ml</i>	Preferred
<i>phenytoin sodium extended caps 100mg, 200mg, 300mg</i>	Preferred
<i>pregabalin caps 25mg, 50mg, 75mg, 100mg, 150mg, 200mg, 225mg, 300mg; soln 20mg/ml</i>	Preferred
<i>primidone tabs 50mg, 250mg</i>	Preferred
<i>rufinamide susp 40mg/ml; tabs 200mg, 400mg</i>	Preferred
<i>tiagabine hcl tabs 2mg, 4mg, 12mg, 16mg</i>	Preferred
TOPAMAX TABS 25MG, 50MG, 100MG, 200MG	
TOPAMAX SPRINKLE CPSP 15MG, 25MG	
<i>topiramate cp24 25mg, 50mg, 100mg, 200mg; cpsp 15mg, 25mg, 50mg; tabs 25mg, 50mg, 100mg, 200mg</i>	Preferred
<i>topiramate cs24 25mg, 50mg, 100mg, 150mg, 200mg</i>	
<i>valproate sodium soln 250mg/5ml</i>	Preferred
<i>valproic acid caps 250mg</i>	Preferred
<i>vigabatrin pack 500mg; tabs 500mg</i>	Preferred
XCOPRI TABS 25MG, 50MG, 100MG, 150MG, 200MG	Preferred
XCOPRI PAK 12.5-25	Preferred
XCOPRI PAK 50-100MG	Preferred
XCOPRI PAK 50-200MG	Preferred
XCOPRI PAK 100-150	Preferred
XCOPRI PAK 150-200	Preferred
ZARONTIN CAPS 250MG; SOLN 250MG/5ML	
<i>zonisamide caps 25mg, 50mg, 100mg</i>	Preferred
ATTENTION DEFICIT HYPERACTIVITY DISORDER	
<i>amphetamine tbed 3.1mg, 6.3mg, 9.4mg, 12.5mg, 15.7mg, 18.8mg</i>	Preferred
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	

DRUG NAME	FORMULARY STATUS
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Preferred
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Preferred
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Preferred
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Preferred
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Preferred
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Preferred
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Preferred
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Preferred
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Preferred
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Preferred
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Preferred
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Preferred
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Preferred
<i>atomoxetine hcl caps 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg</i>	Preferred
AZSTARYS CAP 26.1-5.2	Preferred
AZSTARYS CAP 39.2-7.8	Preferred
AZSTARYS CAP 52.3-10.	Preferred
<i>clonidine hcl (adhd) tb12 .1mg</i>	
<i>dexmethylphenidate hcl cp24 5mg, 10mg, 15mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	Preferred
<i>dexmethylphenidate hcl tabs 2.5mg, 5mg, 10mg</i>	
<i>dextroamphetamine sulfate cp24 5mg, 10mg, 15mg; soln 5mg/5ml; tabs 5mg, 10mg, 15mg, 20mg, 30mg</i>	
FOCALIN TABS 2.5MG, 5MG, 10MG	
<i>guanfacine hcl (adhd) tb24 1mg, 2mg, 3mg, 4mg</i>	Preferred
<i>lisdexamfetamine dimesylate caps 10mg, 20mg, 30mg, 40mg, 50mg, 60mg, 70mg; chew 10mg, 20mg, 30mg, 40mg, 50mg, 60mg</i>	Preferred
METHYLIN SOLN 5MG/5ML, 10MG/5ML	
<i>methylphenidate ptch 10mg/9hr, 15mg/9hr, 20mg/9hr, 30mg/9hr</i>	Preferred
<i>methylphenidate hcl chew 2.5mg, 5mg, 10mg; cp24 10mg, 15mg, 20mg, 30mg, 40mg, 50mg, 60mg; cpcr 10mg, 20mg, 30mg, 40mg, 50mg, 60mg; soln 5mg/5ml, 10mg/5ml; tabs 5mg, 10mg, 20mg; tb24 18mg; tbcr 10mg, 18mg, 20mg, 27mg, 36mg, 45mg, 54mg, 63mg, 72mg</i>	Preferred
QELBREE CP24 100MG, 150MG, 200MG	Preferred
RITALIN TABS 5MG, 10MG, 20MG	

DRUG NAME	FORMULARY STATUS
STRATTERA CAPS 10MG, 18MG, 25MG, 40MG, 60MG, 80MG, 100MG	
BOTULINUM TOXINS	
DAXXIFY SOLR 100UNIT	Preferred
DYSPORE SOLR 300UNIT, 500UNIT	Preferred
XEOMIN SOLR 50UNIT, 100UNIT, 200UNIT	Preferred
FIBROMYALGIA	
SAVELLA TABS 12.5MG, 25MG, 50MG, 100MG	Preferred
SAVELLA MIS TITR PAK	Preferred
HYPNOTICS	
AMBIEN TABS 5MG, 10MG	
AMBIEN CR TBCR 6.25MG, 12.5MG	
BELSOMRA TABS 5MG, 10MG, 15MG, 20MG	Preferred
DAYVIGO TABS 5MG, 10MG	Preferred
<i>doxepin hcl (sleep) tabs 3mg, 6mg</i>	Preferred
EDLUAR SUBL 5MG, 10MG	MNPA
<i>eszopiclone tabs 1mg, 2mg, 3mg</i>	Preferred
QUVIVIQ TABS 25MG, 50MG	Preferred
<i>ramelteon tabs 8mg</i>	Preferred
RESTORIL CAPS 7.5MG, 15MG, 22.5MG, 30MG	
<i>temazepam caps 7.5mg, 15mg, 22.5mg, 30mg</i>	
<i>zaleplon caps 5mg, 10mg</i>	Preferred
<i>zolpidem tartrate subl 1.75mg, 3.5mg; tabs 5mg, 10mg; tbc 6.25mg, 12.5mg</i>	Preferred
MIGRAINE - ERGOTAMINE DERIVATIVES	
D.H.E. 45 SOLN 1MG/ML	
<i>dihydroergotamine mesylate soln 1mg/ml, 4mg/ml</i>	
<i>ergotamine w/ caffeine tab 1-100 mg</i>	Preferred
MIGRAINE - MISCELLANEOUS	
NURTEC TBDP 75MG	Preferred
QULIPTA TABS 10MG, 30MG, 60MG	Preferred
UBRELVY TABS 50MG, 100MG	Preferred
MIGRAINE - MONOCLONAL ANTIBODIES	
AIMOVIG SOAJ 70MG/ML, 140MG/ML	Preferred
AJOVY SOAJ 225MG/1.5ML; SOSY 225MG/1.5ML	Preferred
EMGALITY SOAJ 120MG/ML; SOSY 100MG/ML, 120MG/ML	Preferred
MIGRAINE - TRIPTANS AND COMBINATIONS	
<i>eletriptan hydrobromide tabs 20mg, 40mg</i>	Preferred
IMITREX SOLN 6MG/0.5ML; TABS 25MG, 50MG, 100MG	
IMITREX STATDOSE REFILL SOCT 4MG/0.5ML, 6MG/0.5ML	

DRUG NAME	FORMULARY STATUS
IMITREX STATDOSE SYSTEM SOAJ 4MG/0.5ML, 6MG/0.5ML	
<i>naratriptan hcl tabs 1mg, 2.5mg</i>	Preferred
ONZETRA XSAIL EXHP 11MG/NOSEPC	Preferred
RELPAK TABS 20MG, 40MG	
<i>rizatriptan benzoate tabs 5mg, 10mg; tbdp 5mg, 10mg</i>	Preferred
<i>sumatriptan soln 5mg/act, 20mg/act</i>	Preferred
<i>sumatriptan succinate soaj 6mg/0.5ml; soct 6mg/0.5ml; soln 6mg/0.5ml; sosy 6mg/0.5ml; tabs 25mg, 50mg, 100mg</i>	Preferred
<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	
TOSYMRA SOLN 10MG/ACT	Preferred
ZEMBRACE SYMTOUCH SOAJ 3MG/0.5ML	Preferred
<i>zolmitriptan soln 2.5mg, 5mg; tabs 2.5mg, 5mg; tbdp 2.5mg, 5mg</i>	Preferred
MISCELLANEOUS	
ENSPRYNG SOSY 120MG/ML	Preferred
MOOD STABILIZERS	
<i>lithium carbonate caps 150mg, 300mg, 600mg; tabs 300mg; tbcr 300mg, 450mg</i>	
MOVEMENT DISORDERS	
AUSTEDO TABS 6MG, 9MG, 12MG	Preferred
INGREZZA CAPS 40MG, 60MG, 80MG	Preferred
INGREZZA CPSP 40MG, 60MG, 80MG	
INGREZZA CAP 40-80MG	Preferred
<i>tetrabenazine tabs 12.5mg, 25mg</i>	Preferred
MULTIPLE SCLEROSIS AGENTS	
AVONEX PSKT 30MCG/0.5ML	Preferred
AVONEX PEN AJKT 30MCG/0.5ML	Preferred
BAFIERTAM CPDR 95MG	Preferred
BETASERON KIT .3MG	Preferred
BRIUMVI SOLN 150MG/6ML	Preferred
<i>dalfampridine tb12 10mg</i>	
<i>dimethyl fumarate cpdr 120mg, 240mg</i>	Preferred
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	Preferred
<i> fingolimod hcl caps .5mg</i>	Preferred
<i>glatiramer acetate sosy 20mg/ml, 40mg/ml</i>	Preferred
KESIMPTA SOAJ 20MG/0.4ML	Preferred
MAYZENT TABS .25MG, 1MG, 2MG	Preferred
MAYZENT STARTER PACK TBPK .25MG	Preferred
OCREVUS SOLN 300MG/10ML	Preferred
REBIF SOSY 22MCG/0.5ML, 44MCG/0.5ML	Preferred
REBIF REBIDO INJ TITRATN	Preferred

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

REBIF REBIDOSE SOAJ 22MCG/0.5ML, 44MCG/0.5ML	Preferred
REBIF TITRTN INJ PACK	Preferred
<i>teriflunomide tabs 7mg, 14mg</i>	Preferred
TYRUKO CONC 300MG/15ML	Preferred
VUMERITY CPDR 231MG	Preferred
ZEPOSIA CAPS .92MG	Preferred
ZEPOSIA 7DAY CAP STR PACK	Preferred
ZEPOSIA CAP STR KIT 28 DAY	
ZEPOSIA CAP STR KIT 37 DAY	Preferred

MUSCULOSKELETAL THERAPY AGENTS

<i>baclofen soln 5mg/5ml, 10mg/5ml, 40mg/20ml, 500mcg/ml, 2000mcg/20ml; tabs 5mg, 10mg, 20mg</i>	
<i>carisoprodol tabs 250mg, 350mg</i>	
<i>chlorzoxazone tabs 250mg, 375mg, 500mg, 750mg</i>	
<i>cyclobenzaprine hcl cp24 15mg, 30mg</i>	
<i>cyclobenzaprine hcl tabs 5mg, 7.5mg, 10mg</i>	Preferred
<i>dantrolene sodium caps 25mg, 50mg, 100mg; solr 20mg</i>	
LYVISPAH PACK 5MG, 10MG, 20MG	Preferred
<i>metaxalone tabs 400mg, 800mg</i>	
<i>methocarbamol soln 1000mg/10ml; tabs 500mg, 750mg</i>	
<i>orphenadrine w/ aspirin & caffeine tab 25-385-30 mg</i>	
<i>orphenadrine w/ aspirin & caffeine tab 50-770-60 mg</i>	
<i>tizanidine hcl tabs 2mg, 4mg</i>	
ZANAFLEX TABS 4MG	

MYASTHENIA GRAVIS

EPYSQLI SOLN 300MG/30ML	Preferred
<i>pyridostigmine bromide soln 60mg/5ml; tabs 30mg, 60mg; tbc 180mg</i>	
VYVGART SOLN 400MG/20ML	Preferred
VYVGART INJ HYTRULO	Preferred

NARCOLEPSY/CATAPLEXY

<i>armodafinil tabs 50mg, 150mg, 200mg, 250mg</i>	Preferred
LUMRYZ PACK 4.5GM, 6GM, 7.5GM, 9GM	Preferred
LUMRYZ PAK STARTER	
<i>modafinil tabs 100mg, 200mg</i>	Preferred
SUNOSI TABS 75MG, 150MG	Preferred
WAKIX TABS 4.45MG, 17.8MG	Preferred
XYWAV SOL 0.5GM/ML	Preferred

OPIOID AGONIST/ANTAGONIST

<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Preferred
---	-----------

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Preferred
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Preferred
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Preferred
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Preferred
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Preferred
ZUBSOLV SUB 0.7-0.18	Preferred
ZUBSOLV SUB 1.4-0.36	Preferred
ZUBSOLV SUB 2.9-0.71	Preferred
ZUBSOLV SUB 5.7-1.4	Preferred
ZUBSOLV SUB 8.6-2.1	Preferred
ZUBSOLV SUB 11.4-2.9	Preferred

OPIOID ANTAGONIST

KLOXXADO LIQD 8MG/0.1ML	Preferred
<i>naloxone hcl soct .4mg/ml; soln .4mg/ml, 4mg/10ml; soty 2mg/2ml</i>	Preferred
<i>naloxone hcl soty .4mg/ml</i>	
<i>naltrexone hcl tabs 50mg</i>	

POSTHERPETIC NEURALGIA (PHN)

<i>gabapentin (once-daily) tabs 300mg, 450mg, 600mg, 750mg, 900mg</i>	
GRALISE TABS 300MG, 450MG, 600MG, 750MG, 900MG	Preferred
<i>pregabalin (once-daily) tb24 82.5mg, 165mg, 330mg</i>	Preferred

PSYCHOTHERAPEUTIC-MISC

<i>fluoxetine hcl (pmdd) tabs 10mg, 20mg</i>	
NUEDEXTA CAP 20-10MG	Preferred
<i>paroxetine mesylate (vasomotor) caps 7.5mg</i>	Preferred

SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent) tb12 150mg</i>	
<i>varenicline tartrate tabs .5mg, 1mg</i>	
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	

ENDOCRINE AND METABOLIC

ACROMEGALY

<i>octreotide acetate kit 10mg, 20mg, 30mg</i>	Preferred
SOMATULINE DEPOT SOLN 60MG/0.2ML, 90MG/0.3ML, 120MG/0.5ML	Preferred

ANDROGENS

NATESTO GEL 5.5MG/ACT	Preferred
-----------------------	-----------

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

<i>testosterone gel 1%, 1.62%, 10mg/act, 20.25mg/1.25gm, 25mg/2.5gm, 40.5mg/2.5gm, 50mg/5gm; soln 30mg/act</i>	Preferred
<i>testosterone cypionate soln 100mg/ml, 200mg/ml</i>	
<i>testosterone enanthate soln 200mg/ml</i>	

ANTIDIABETICS, ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tabs 25mg, 50mg, 100mg</i>	
--	--

ANTIDIABETICS, AMYLIN ANALOGS

SYMLINPEN 60 SOPN 1500MCG/1.5ML	Preferred
SYMLINPEN 120 SOPN 2700MCG/2.7ML	Preferred

ANTIDIABETICS, BIGUANIDE

<i>metformin hcl soln 500mg/5ml; tabs 500mg, 750mg, 850mg, 1000mg; tb24 500mg, 750mg, 1000mg</i>	Preferred
--	-----------

ANTIDIABETICS, BIGUANIDE/ SULFONYLUREA COMBINATIONS

<i>glipizide-metformin hcl tab 2.5-250 mg</i>	Preferred
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	Preferred
<i>glipizide-metformin hcl tab 5-500 mg</i>	Preferred

ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITOR COMBINATIONS

<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	Preferred
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	Preferred
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	Preferred
<i>alogliptin-pioglitazone tab 25-15 mg</i>	Preferred
<i>alogliptin-pioglitazone tab 25-30 mg</i>	Preferred
<i>alogliptin-pioglitazone tab 25-45 mg</i>	Preferred
JANUMET TAB 50-500MG	Preferred
JANUMET TAB 50-1000	Preferred
JANUMET XR TAB 50-500MG	Preferred
JANUMET XR TAB 50-1000	Preferred
JANUMET XR TAB 100-1000	Preferred
JENTADUETO TAB 2.5-500	MNPA
JENTADUETO TAB 2.5-850	MNPA
JENTADUETO TAB 2.5-1000	MNPA
JENTADUETO TAB XR	MNPA
KAZANO 12.5- TAB 500MG	MNPA
KAZANO 12.5- TAB 1000MG	MNPA
KOMBIGLYZ XR TAB 2.5-1000	MNPA
KOMBIGLYZ XR TAB 5-500MG	MNPA
KOMBIGLYZ XR TAB 5-1000MG	MNPA
OSENI TAB 12.5-15	MNPA
OSENI TAB 12.5-30	MNPA
OSENI TAB 12.5-45	MNPA
OSENI TAB 25-15MG	MNPA
OSENI TAB 25-30MG	MNPA

DRUG NAME	FORMULARY STATUS
OSENI TAB 25-45MG	MNPA
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	Preferred
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	Preferred
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	Preferred
<i>sitagliptin free base-metformin hcl tab 50-500 mg</i>	Preferred
<i>sitagliptin free base-metformin hcl tab 50-1000 mg</i>	Preferred
<i>sitagliptin free base-metformin hcl tab er 24hr 50-500 mg</i>	Preferred
<i>sitagliptin free base-metformin hcl tab er 24hr 50-1000 mg</i>	Preferred
<i>sitagliptin free base-metformin hcl tab er 24hr 100-1000 mg</i>	Preferred
TRIJARDY XR TAB	Preferred
ZITUVIMET TAB 50-500MG	MNPA
ZITUVIMET TAB 50-1000	MNPA
ZITUVIMET XR TAB 50-500MG	MNPA
ZITUVIMET XR TAB 50-1000	MNPA
ZITUVIMET XR TAB 100-1000	MNPA
ANTIDIABETICS, DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS	
<i>alogliptin benzoate tabs 6.25mg, 12.5mg, 25mg</i>	Preferred
BRYNOVIN SOLN 25MG/ML	MNPA
JANUVIA TABS 25MG, 50MG, 100MG	Preferred
NESINA TABS 6.25MG, 12.5MG, 25MG	MNPA
ONGLYZA TABS 2.5MG, 5MG	MNPA
<i>saxagliptin hcl tabs 2.5mg, 5mg</i>	Preferred
<i>sitagliptin tabs 25mg, 50mg, 100mg</i>	Preferred
TRADJENTA TABS 5MG	MNPA
ZITUVIO TABS 25MG, 50MG, 100MG	MNPA
ANTIDIABETICS, INCRETIN MIMETIC AGENTS	
ADLYXIN SOPN 20MCG/0.2ML	MNPA
BYDUREON BCISE AUIJ 2MG/0.85ML	MNPA
BYETTA SOPN 5MCG/0.02ML, 10MCG/0.04ML	MNPA
<i>liraglutide sopn 18mg/3ml</i>	Preferred
MOUNJARO SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	Preferred
OZEMPIC SOPN 2MG/1.5ML, 2MG/3ML, 4MG/3ML, 8MG/3ML	Preferred
RYBELSUS TABS 1.5MG, 3MG, 4MG, 7MG, 9MG, 14MG	Preferred
TRULICITY SOAJ .75MG/0.5ML, 1.5MG/0.5ML, 3MG/0.5ML, 4.5MG/0.5ML	Preferred
VICTOZA SOPN 18MG/3ML	MNPA
ANTIDIABETICS, INCRETIN MIMETIC COMBINATION AGENTS	
SOLIQUA INJ 100/33	Preferred

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

XULTOPHY INJ 100/3.6	Preferred
----------------------	-----------

ANTIDIABETICS, INSULIN

BASAGLAR KWIKPEN SOPN 100UNIT/ML	Preferred
----------------------------------	-----------

FIASP SOLN 100UNIT/ML	Preferred
-----------------------	-----------

FIASP FLEXTOUCH SOPN 100UNIT/ML	Preferred
---------------------------------	-----------

FIASP PENFILL SOCT 100UNIT/ML	Preferred
-------------------------------	-----------

HUMALOG SOCT 100UNIT/ML; SOLN 100UNIT/ML	Preferred
--	-----------

HUMALOG KWIKPEN SOPN 100UNIT/ML, 200UNIT/ML	Preferred
--	-----------

HUMALOG MIX INJ 50/50KWP	Preferred
--------------------------	-----------

HUMALOG MIX INJ 75/25KWP	Preferred
--------------------------	-----------

HUMALOG MIX SUS 75/25	Preferred
-----------------------	-----------

HUMULIN INJ 70/30	Preferred
-------------------	-----------

HUMULIN INJ 70/30KWP	Preferred
----------------------	-----------

HUMULIN N SUSP 100UNIT/ML	Preferred
---------------------------	-----------

HUMULIN N KWIKPEN SUPN 100UNIT/ML	Preferred
-----------------------------------	-----------

HUMULIN R SOLN 100UNIT/ML	Preferred
---------------------------	-----------

HUMULIN R U-500 (CONCENTR SOLN 500UNIT/ML	Preferred
---	-----------

HUMULIN R U-500 KWIKPEN SOPN 500UNIT/ML	Preferred
---	-----------

INS ASP PROT INJ FLEXPEN	Preferred
--------------------------	-----------

INSULIN ASPA INJ 70/30	Preferred
------------------------	-----------

INSULIN ASPART SOLN 100UNIT/ML	Preferred
--------------------------------	-----------

INSULIN ASPART FLEXPEN SOPN 100UNIT/ML	Preferred
--	-----------

INSULIN ASPART PENFILL SOCT 100UNIT/ML	Preferred
--	-----------

INSULIN LISP INJ PROT KWP	Preferred
---------------------------	-----------

INSULIN LISPRO SOLN 100UNIT/ML	Preferred
--------------------------------	-----------

INSULIN LISPRO JUNIOR KWI SOPN 100UNIT/ML	Preferred
---	-----------

INSULIN LISPRO KWIKPEN SOPN 100UNIT/ML	Preferred
--	-----------

LANTUS SOLN 100UNIT/ML	Preferred
------------------------	-----------

LANTUS SOLOSTAR SOPN 100UNIT/ML	Preferred
---------------------------------	-----------

LEVEMIR SOLN 100UNIT/ML	Preferred
-------------------------	-----------

LEVEMIR FLEXPEN SOPN 100UNIT/ML	Preferred
---------------------------------	-----------

LEVEMIR FLEXTOUCH SOPN 100UNIT/ML	Preferred
-----------------------------------	-----------

LYUMJEV SOLN 100UNIT/ML	Preferred
-------------------------	-----------

LYUMJEV KWIKPEN SOPN 100UNIT/ML, 200UNIT/ML	Preferred
---	-----------

NOVOLIN INJ 70/30	Preferred
-------------------	-----------

NOVOLIN INJ 70/30 FP	Preferred
----------------------	-----------

NOVOLIN N SUSP 100UNIT/ML	Preferred
---------------------------	-----------

NOVOLIN N FLEXPEN SUPN 100UNIT/ML	Preferred
-----------------------------------	-----------

NOVOLIN R SOLN 100UNIT/ML	Preferred
---------------------------	-----------

NOVOLIN R FLEXPEN SOPN 100UNIT/ML	Preferred
-----------------------------------	-----------

NOVOLOG SOLN 100UNIT/ML	Preferred
-------------------------	-----------

NOVOLOG FLEXPEN SOPN 100UNIT/ML	Preferred
---------------------------------	-----------

NOVOLOG MIX INJ 70/30	Preferred
-----------------------	-----------

DRUG NAME	FORMULARY STATUS
NOVOLOG MIX INJ FLEXPEN	Preferred
NOVOLOG PENFILL SOCT 100UNIT/ML	Preferred
TOUJEO MAX SOLOSTAR SOPN 300UNIT/ML	Preferred
TOUJEO SOLOSTAR SOPN 300UNIT/ML	Preferred
TRESIBA SOLN 100UNIT/ML	Preferred
TRESIBA FLEXTOUCH SOPN 100UNIT/ML, 200UNIT/ML	Preferred

ANTIDIABETICS, INSULIN SENSITIZER

<i>pioglitazone hcl tabs 15mg, 30mg, 45mg</i>	Preferred
---	-----------

ANTIDIABETICS, INSULIN SENSITIZER/BIGUANIDE COMBINATION

ACTOPLUS MET TAB 15-500MG

ACTOPLUS MET TAB 15-850MG

<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	Preferred
---	-----------

<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	Preferred
---	-----------

ANTIDIABETICS, INSULIN SENSITIZER/SULFONYLUREA COMBINATION

DUETACT TAB 30-2MG

DUETACT TAB 30-4MG

<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	Preferred
---	-----------

<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	Preferred
---	-----------

ANTIDIABETICS, MEGLITINIDE

<i>nateglinide tabs 60mg, 120mg</i>	Preferred
-------------------------------------	-----------

<i>repaglinide tabs .5mg, 1mg, 2mg</i>	Preferred
--	-----------

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR COMBINATIONS

<i>dapagliflozin free base-metformin hcl tab er 24hr 5-1000 mg</i>	Preferred
--	-----------

<i>dapagliflozin free base-metformin hcl tab er 24hr 10-1000 mg</i>	Preferred
---	-----------

INVOKAMET TAB 50-500MG MNPA

INVOKAMET TAB 50-1000 MNPA

INVOKAMET TAB 150-500 MNPA

INVOKAMET TAB 150-1000 MNPA

INVOKAMET XR TAB 50-500MG MNPA

INVOKAMET XR TAB 50-1000 MNPA

INVOKAMET XR TAB 150-500 MNPA

INVOKAMET XR TAB 150-1000 MNPA

SEGLUROMET TAB 2.5-500 MNPA

SEGLUROMET TAB 2.5-1000 MNPA

SEGLUROMET TAB 7.5-500 MNPA

SEGLUROMET TAB 7.5-1000 MNPA

SYNJARDY TAB Preferred

SYNJARDY TAB 5-500MG Preferred

SYNJARDY TAB 5-1000MG Preferred

SYNJARDY TAB 12.5-500 Preferred

DRUG NAME	FORMULARY STATUS
SYNJARDY XR TAB	Preferred
SYNJARDY XR TAB 5-1000MG	Preferred
SYNJARDY XR TAB 10-1000	Preferred
SYNJARDY XR TAB 25-1000	Preferred
XIGDUO XR TAB 2.5-1000	
XIGDUO XR TAB 5-500MG	
XIGDUO XR TAB 5-1000MG	
XIGDUO XR TAB 10-500MG	
XIGDUO XR TAB 10-1000	

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITOR/DPP-4 INHIBITOR COMBINATIONS

GLYXAMBI TAB 10-5 MG	Preferred
GLYXAMBI TAB 25-5 MG	Preferred
QTERN TAB 5-5MG	
QTERN TAB 10-5MG	
STEGLUJAN TAB 5-100MG	MNPA
STEGLUJAN TAB 15-100MG	MNPA

ANTIDIABETICS, SODIUM-GLUCOSE COTRANSPORTER-2 (SGLT2) INHIBITORS

<i>dapagliflozin tabs 5mg, 10mg</i>	Preferred
FARXIGA TABS 5MG, 10MG	
INVOKANA TABS 100MG, 300MG	MNPA
JARDIANCE TABS 10MG, 25MG	Preferred
STEGLATRO TABS 5MG, 15MG	MNPA

ANTIDIABETICS, SULFONYLUREA

AMARYL TABS 1MG, 2MG, 4MG	
<i>glimepiride tabs 1mg, 2mg, 4mg</i>	Preferred
<i>glimepiride tabs 3mg</i>	
<i>glipizide tabs 2.5mg</i>	
<i>glipizide tabs 5mg, 10mg; tb24 2.5mg, 5mg, 10mg</i>	Preferred

ANTIOBESITY

<i>liraglutide (weight management) sopn 18mg/3ml</i>	Preferred
<i>orlistat caps 120mg</i>	Preferred
<i>phentermine hcl-topiramate cap er 24hr 3.75-23 mg</i>	
<i>phentermine hcl-topiramate cap er 24hr 7.5-46 mg</i>	
<i>phentermine hcl-topiramate cap er 24hr 11.25-69 mg</i>	
<i>phentermine hcl-topiramate cap er 24hr 15-92 mg</i>	
QSYMIA CAP 3.75-23	Preferred
QSYMIA CAP 7.5-46MG	Preferred
QSYMIA CAP 11.25-69	Preferred
QSYMIA CAP 15-92MG	Preferred
WEGOVY SOAJ .25MG/0.5ML, .5MG/0.5ML, 1MG/0.5ML, 1.7MG/0.75ML, 2.4MG/0.75ML; TABS 1.5MG, 4MG, 9MG, 25MG	Preferred

DRUG NAME	FORMULARY STATUS
ZEPBOUND SOAJ 2.5MG/0.5ML, 5MG/0.5ML, 7.5MG/0.5ML, 10MG/0.5ML, 12.5MG/0.5ML, 15MG/0.5ML	Preferred
CALCIUM RECEPTOR AGONISTS	
<i>cinacalcet hcl tabs 30mg, 60mg, 90mg</i>	Preferred
CALCIUM REGULATORS, BISPHOSPHONATES	
ACTONEL TABS 35MG, 150MG	
<i>alendronate sodium soln 70mg/75ml; tabs 5mg, 10mg, 35mg, 70mg</i>	Preferred
ATELVIA TBEC 35MG	
FOSAMAX TABS 70MG	
<i>ibandronate sodium soln 3mg/3ml; tabs 150mg</i>	Preferred
<i>risedronate sodium tabs 5mg, 30mg, 35mg, 150mg</i>	Preferred
<i>risedronate sodium tbec 35mg</i>	
<i>zoledronic acid conc 4mg/5ml; soln 5mg/100ml</i>	Preferred
CALCIUM REGULATORS, MISCELLANEOUS	
<i>calcitonin (salmon) soln 200unit/act, 200unit/ml</i>	Preferred
OSEVELT SOLN 120MG/1.7ML	Preferred
OSPOMYV SOSY 60MG/ML	Preferred
STOBOCLO SOSY 60MG/ML	Preferred
CALCIUM REGULATORS, PARATHYROID HORMONES	
BONSITY SOPN 560MCG/2.24ML	Preferred
<i>teriparatide sopn 560mcg/2.24ml</i>	Preferred
TERIPARATIDE SOPN 560MCG/2.24ML	Preferred
TYMLOS SOPN 3120MCG/1.56ML	Preferred
CARNITINE DEFICIENCY AGENTS	
<i>levocarnitine (metabolic modifiers) soln 1gm/10ml; tabs 330mg</i>	Preferred
CENTRAL PRECOCIOUS PUBERTY	
FENSOLVI KIT 45MG	Preferred
LUPRON DEPOT-PED (1-MONTH KIT 7.5MG, 11.25MG, 15MG)	Preferred
LUPRON DEPOT-PED (3-MONTH KIT 11.25MG, 30MG)	Preferred
LUPRON DEPOT-PED (6-MONTH KIT 45MG)	
SUPPRELIN LA KIT 50MG	Preferred
TRIPTODUR SRER 22.5MG	Preferred
CHELATING AGENTS	
<i>deferasirox pack 90mg, 180mg, 360mg; tabs 90mg, 180mg, 360mg; tbso 125mg, 250mg, 500mg</i>	Preferred
<i>deferiprone tabs 500mg, 1000mg</i>	Preferred
<i>deferoxamine mesylate solr 2gm, 500mg</i>	Preferred
<i>penicillamine caps 250mg; tabs 250mg</i>	Preferred
<i>trientine hcl caps 250mg</i>	Preferred
<i>trientine hcl caps 500mg</i>	

DRUG NAME	FORMULARY STATUS
CONTRACEPTIVES	
ANNOVERA MIS	Preferred
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	
<i>desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	Preferred
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	Preferred
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	Preferred
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Preferred
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	
<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	Preferred
KYLEENA IUD 19.5MG	Preferred
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg</i>	
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	Preferred
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	Preferred
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	Preferred
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	Preferred
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	Preferred
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	Preferred
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	Preferred
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	Preferred
LO LOESTRIN TAB 1-10-10	Preferred
<i>medroxyprogesterone acetate (contraceptive) susp 150mg/ml; susy 150mg/ml</i>	
MIRENA IUD 21MCG/DAY	Preferred
NATAZIA TAB	Preferred
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	Preferred
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	Preferred
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>norethindrone (contraceptive) tabs .35mg</i>	
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	Preferred
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	Preferred
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	Preferred
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	Preferred
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	Preferred
<i>norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)</i>	Preferred
<i>norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)</i>	Preferred
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Preferred
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Preferred
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Preferred
SKYLA IUD 13.5MG	Preferred
DIABETIC SUPPLIES	
ACCU-CHEK AVIVA PLUS STRIPS AND KITS	Preferred
ACCU-CHEK GUIDE STRIPS AND KITS	Preferred
ACCU-CHEK LANCETS / LANCING DEVICES	Preferred
ACCU-CHEK SMARTVIEW STRIPS AND KITS	Preferred
BD ULTRAFINE INSULIN SYRINGES	Preferred
BD ULTRAFINE NEEDLES	Preferred
DEXCOM CONTINUOUS GLUCOSE MONITORING SYSTEM	Preferred
EMBECTA ULTRAFINE INSULIN SYRINGES	Except certain NDCs; Preferred
EMBECTA ULTRAFINE NEEDLES	Except certain NDCs; Preferred
FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM	Preferred
OMNIPOD 5 INSULIN INFUSION PUMP	Preferred
OMNIPOD DASH INSULIN INFUSION PUMP	Preferred
OMNIPOD INSULIN INFUSION PUMP	Preferred
TRUE METRIX STRIPS AND KITS	Preferred
TRUEPLUS LANCETS	Preferred
TWIIIST INSULIN INFUSION PUMP AND SUPPLIES	Preferred
ENDOMETRIOSIS	
<i>danazol caps 50mg, 100mg, 200mg</i>	
ORLISSA TABS 150MG, 200MG	Preferred

DRUG NAME	FORMULARY STATUS
FERTILITY REGULATORS	
<i>cetorelix acetate kit .25mg</i>	Preferred
<i>clomiphene citrate tabs 50mg</i>	
FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML	Preferred
GANIRELIX ACETATE SOSY 250MCG/0.5ML	Preferred
MENOPUR SOLR 75UNIT	Preferred
PREGNYL W/DILUENT BENZYL SOLR 10000UNIT	Preferred
GLUCOCORTICOIDS	
CORTEF TABS 5MG, 10MG, 20MG	
<i>dexamethasone elix .5mg/5ml; soln .5mg/5ml; tabs .5mg, .75mg, 1mg, 1.5mg, 2mg, 4mg, 6mg; tbpk 1.5mg</i>	Preferred
<i>dexamethasone sodium phosphate soln 4mg/ml, 10mg/ml, 20mg/5ml, 100mg/10ml, 120mg/30ml</i>	Preferred
<i>fludrocortisone acetate tabs .1mg</i>	Preferred
<i>hydrocortisone tabs 5mg, 10mg, 20mg</i>	Preferred
MEDROL TABS 2MG, 4MG, 8MG, 16MG, 32MG	
MEDROL DOSEPAK TBP 4MG	
<i>methylprednisolone tabs 4mg, 8mg, 16mg, 32mg; tbpk 4mg</i>	Preferred
<i>methylprednisolone acetate susp 40mg/ml, 80mg/ml</i>	Preferred
<i>methylprednisolone sod succ solr 40mg, 125mg, 500mg, 1000mg</i>	Preferred
<i>prednisolone soln 15mg/5ml</i>	Preferred
<i>prednisolone tabs 5mg</i>	
<i>prednisolone sodium phosphate soln 5mg/5ml, 15mg/5ml, 25mg/5ml</i>	Preferred
<i>prednisolone sodium phosphate soln 10mg/5ml, 20mg/5ml; tbdp 10mg, 15mg, 30mg</i>	
<i>prednisone soln 5mg/5ml; tabs 1mg, 2.5mg, 5mg, 10mg, 20mg, 50mg; tbpk 5mg, 10mg</i>	Preferred
GLUCOSE ELEVATING AGENTS	
BAQSIMI ONE PACK POWD 3MG/DOSE	Preferred
BAQSIMI TWO PACK POWD 3MG/DOSE	Preferred
<i>glucagon solr 1mg</i>	Preferred
GVOKE HYPOPEN 1-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	Preferred
GVOKE HYPOPEN 2-PACK SOAJ .5MG/0.1ML, 1MG/0.2ML	Preferred
GVOKE KIT SOLN 1MG/0.2ML	Preferred
GVOKE PFS SOSY .5MG/0.1ML, 1MG/0.2ML	Preferred
ZEGALOGUE SOAJ .6MG/0.6ML; SOSY .6MG/0.6ML	Preferred
HEREDITARY TYROSINEMIA TYPE 1 AGENTS	
<i>nitisinone caps 2mg, 5mg, 10mg, 20mg</i>	

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

ORFADIN CAPS 2MG, 5MG, 10MG, 20MG; SUSP 4MG/ML	Preferred
---	-----------

HUMAN GROWTH HORMONES

HUMATROPE CART 6MG, 12MG, 24MG	Preferred
NORDITROPIN FLEXPPO SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML, 30MG/3ML	Preferred
SOGROYA SOPN 5MG/1.5ML, 10MG/1.5ML, 15MG/1.5ML	Preferred

LYSOSOMAL STORAGE DISORDERS

NEXVIAZYME SOLR 100MG	Preferred
-----------------------	-----------

LYSOSOMAL STORAGE DISORDERS - FABRY DISEASE

ELFABRIO SOLN 5MG/2.5ML	
ELFABRIO SOLN 20MG/10ML	Preferred
FABRAZYME SOLR 5MG, 35MG	Preferred
GALAFOLD CAPS 123MG	Preferred

LYSOSOMAL STORAGE DISORDERS - GAUCHER DISEASE

CERDELGA CAPS 84MG	Preferred
CEREZYME SOLR 400UNIT <i>miglustat caps 100mg</i>	Preferred

MENOPAUSAL SYMPTOM AGENTS

CLIMARA PRO DIS WEEKLY	Preferred
COMBIPATCH DIS	Preferred
DUAVEE TAB 0.45-20	Preferred
ESTRACE TABS .5MG, 1MG, 2MG	
<i>estradiol gel .06%, .25mg/0.25gm, .5mg/0.5gm, .75mg/0.75gm, 1mg/gm, 1.25mg/1.25gm; pttw .025mg/24hr, .037mg/24hr, .05mg/24hr, .075mg/24hr, .1mg/24hr; ptwk .025mg/24hr, .05mg/24hr, .06mg/24hr, .075mg/24hr, .1mg/24hr, 37.5mcg/24hr; tabs .5mg, 1mg, 2mg</i>	Preferred
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Preferred
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	Preferred
<i>estradiol vaginal crea .1mg/gm; tabs 10mcg</i>	Preferred
ESTRING RING 2MG	Preferred
IMVEXXY MAINTENANCE PACK INST 4MCG, 10MCG	Preferred
IMVEXXY STARTER PACK INST 4MCG, 10MCG	Preferred
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Preferred
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Preferred
PREMARIN CREA .625MG/GM; TABS .3MG, .45MG, .625MG, .9MG, 1.25MG	Preferred
PREMPHASE TAB	Preferred
PREMPRO TAB	Preferred
PREMPRO TAB 0.3-1.5	Preferred

DRUG NAME	FORMULARY STATUS
PREMPRO TAB 0.45-1.5	Preferred
PREMPRO TAB 0.625-5	Preferred
VAGIFEM TABS 10MCG	

MISCELLANEOUS

<i>betaine powder for oral solution</i>	Preferred
<i>cabergoline tabs .5mg</i>	
CYSTAGON CAPS 50MG, 150MG	Preferred
EVISTA TABS 60MG	
<i>methylergonovine maleate soln .2mg/ml; tabs .2mg</i>	
<i>mifepristone (hyperglycemia) tabs 300mg</i>	Preferred
OSPHENA TABS 60MG	Preferred
<i>raloxifene hcl tabs 60mg</i>	Preferred
<i>sapropterin dihydrochloride pack 100mg, 500mg; tabs 100mg</i>	Preferred
<i>tolvaptan tbpk 15mg</i>	Preferred
<i>tolvaptan (hyponatremia) tabs 15mg, 30mg</i>	Preferred
<i>tolvaptan tab therapy pack 30 & 15 mg</i>	Preferred
<i>tolvaptan tab therapy pack 45 & 15 mg</i>	Preferred
<i>tolvaptan tab therapy pack 60 & 30 mg</i>	Preferred
<i>tolvaptan tab therapy pack 90 & 30 mg</i>	Preferred

PHOSPHATE BINDER AGENTS

AURYXIA TABS 210MG	Preferred
<i>calcium acetate (phosphate binder) caps 667mg; tabs 667mg</i>	Preferred
<i>ferric citrate tabs 210mg</i>	
<i>lanthanum carbonate chew 500mg, 750mg, 1000mg</i>	Preferred
<i>sevelamer carbonate pack .8gm, 2.4gm; tabs 800mg</i>	Preferred
<i>sevelamer hcl tabs 400mg, 800mg</i>	

POTASSIUM-REMOVING AGENTS

LOKELMA PACK 5GM, 10GM	Preferred
VELTASSA PACK 1GM, 8.4GM, 16.8GM, 25.2GM	Preferred

PROGESTINS

CRINONE GEL 4%, 8%	Preferred
ENDOMETRIN INST 100MG	Preferred
<i>hydroxyprogesterone caproate oil 250mg/ml</i>	
<i>medroxyprogesterone acetate tabs 2.5mg, 5mg, 10mg</i>	Preferred
<i>megestrol acetate susp 400mg/10ml</i>	
<i>megestrol acetate (appetite) susp 625mg/5ml</i>	Preferred
<i>norethindrone acetate tabs 5mg</i>	
<i>progesterone caps 100mg, 200mg</i>	Preferred
<i>progesterone (vaginal) inst 100mg</i>	
PROVERA TABS 2.5MG, 5MG, 10MG	

DRUG NAME	FORMULARY STATUS
THYROID AGENTS	
<i>levothyroxine sodium caps 13mcg, 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg; tabs 25mcg, 50mcg, 75mcg, 88mcg, 100mcg, 112mcg, 125mcg, 137mcg, 150mcg, 175mcg, 200mcg, 300mcg</i>	Preferred
<i>liothyronine sodium soln 10mcg/ml; tabs 5mcg, 25mcg, 50mcg</i>	Preferred
<i>methimazole tabs 5mg, 10mg</i>	
<i>propylthiouracil tabs 50mg</i>	
SYNTHROID TABS 25MCG, 50MCG, 75MCG, 88MCG, 100MCG, 112MCG, 125MCG, 137MCG, 150MCG, 175MCG, 200MCG, 300MCG	Preferred
UREA CYCLE DISORDER	
<i>carglumic acid tbso 200mg</i>	Preferred
<i>glycerol phenylbutyrate liqd 1.1gm/ml</i>	Preferred
PHEBURANE PLLT 483MG/GM	Preferred
<i>sodium phenylbutyrate powd 3gm/tsp; tabs 500mg</i>	Preferred
UTERINE FIBROIDS	
MYFEMBREE TAB	Preferred
ORIAHNN CAP	Preferred
VASOPRESSINS	
<i>desmopressin acetate tabs .1mg, .2mg</i>	
<i>desmopressin acetate spray soln .01%</i>	
<i>desmopressin acetate spray refrigerated soln .01%</i>	
VITAMIN D ANALOGS	
<i>calcitriol caps .25mcg, .5mcg; soln 1mcg/ml</i>	
<i>doxercalciferol caps .5mcg, 1mcg, 2.5mcg; soln 4mcg/2ml</i>	
<i>paricalcitol caps 1mcg, 2mcg, 4mcg; soln 2mcg/ml, 5mcg/ml</i>	
GASTROINTESTINAL	
ANTICHOLINERGICS	
<i>dicyclomine hcl caps 10mg; soln 10mg/5ml, 10mg/ml; tabs 20mg, 40mg</i>	Preferred
ANTIDIARRHEALS	
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Preferred
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Preferred
<i>loperamide hcl caps 2mg</i>	Preferred
ANTIEMETICS	
<i>aprepitant caps 40mg, 80mg, 125mg</i>	Preferred
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Preferred
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	Preferred
<i>dronabinol caps 2.5mg, 5mg, 10mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>granisetron hcl soln 1mg/ml, 4mg/4ml; tabs 1mg</i>	Preferred
MARINOL CAPS 2.5MG, 5MG, 10MG	
<i>meclizine hcl chew 25mg; tabs 12.5mg, 25mg, 50mg</i>	Preferred
<i>metoclopramide hcl soln 5mg/ml, 10mg/10ml; tabs 5mg, 10mg; tbdp 5mg</i>	Preferred
<i>ondansetron tbdp 4mg, 8mg, 16mg</i>	Preferred
<i>ondansetron hcl soln 4mg/2ml, 4mg/5ml, 40mg/20ml; sosy 4mg/2ml; tabs 4mg, 8mg, 24mg</i>	Preferred
<i>prochlorperazine supp 25mg</i>	Preferred
<i>prochlorperazine edisylate soln 10mg/2ml, 50mg/10ml</i>	Preferred
<i>prochlorperazine maleate tabs 5mg, 10mg</i>	Preferred
<i>promethazine hcl soln 6.25mg/5ml, 25mg/ml, 50mg/ml; supp 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg</i>	Preferred
REGLAN TABS 5MG, 10MG	
SANCUSO PTCH 3.1MG/24HR	Preferred
<i>scopolamine pt72 1mg/3days</i>	Preferred
<i>trimethobenzamide hcl caps 300mg</i>	Preferred
VARUBI TBPK 90MG	Preferred

EOSINOPHILIC ESOPHAGITIS

DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	Preferred
---	-----------

H2-RECEPTOR ANTAGONISTS

<i>cimetidine tabs 200mg, 300mg, 400mg, 800mg</i>	
<i>cimetidine hcl soln 300mg/5ml</i>	
<i>famotidine soln 20mg/2ml, 40mg/4ml, 200mg/20ml; susr 40mg/5ml; tabs 20mg, 40mg</i>	Preferred
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Preferred
PEPCID TABS 20MG, 40MG	

INFLAMMATORY BOWEL DISEASE

AZULFIDINE TABS 500MG	
AZULFIDINE EN-TABS TBEC 500MG	
<i>balsalazide disodium caps 750mg</i>	Preferred
<i>budesonide cpep 3mg; tb24 9mg</i>	Preferred
CORTIFOAM FOAM 10%	Preferred
<i>hydrocortisone (intrarectal) enem 100mg/60ml</i>	Preferred
<i>mesalamine cp24 .375gm; cpcr 500mg; cpdr 400mg; enem 4gm; supp 1000mg; tbec 1.2gm, 800mg</i>	Preferred
<i>mesalamine w/ cleanser kit 4gm</i>	
PENTASA CPCR 250MG, 500MG	Preferred
ROWASA KIT 4GM	
<i>sulfasalazine tabs 500mg; tbec 500mg</i>	Preferred

IRRITABLE BOWEL SYNDROME WITH CONSTIPATION

LINZESS CAPS 72MCG, 145MCG, 290MCG	Preferred
------------------------------------	-----------

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

<i>lubiprostone caps 8mcg, 24mcg</i>	Preferred
MOTEGRITY TABS 1MG, 2MG	MNPA
<i>prucalopride succinate tabs 1mg, 2mg</i>	Preferred
TRULANCE TABS 3MG	Preferred

IRRITABLE BOWEL SYNDROME WITH DIARRHEA

<i>alosetron hcl tabs .5mg, 1mg</i>	Preferred
VIBERZI TABS 75MG, 100MG	Preferred

LAXATIVES

<i>lactulose soln 10gm/15ml</i>	Preferred
<i>lactulose (encephalopathy) soln 10gm/15ml</i>	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Preferred
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm</i>	Preferred
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	Preferred

MISCELLANEOUS

IQIRVO TABS 80MG	Preferred
<i>misoprostol tabs 100mcg, 200mcg</i>	
MOVANTIK TABS 12.5MG, 25MG	Preferred
<i>sucralfate susp 1gm/10ml; tabs 1gm</i>	Preferred
SYMPROIC TABS .2MG	Preferred
<i>ursodiol caps 300mg; tabs 250mg, 500mg</i>	

PANCREATIC ENZYMES

CREON CAP 3000UNIT	Preferred
CREON CAP 6000UNIT	Preferred
CREON CAP 12000UNT	Preferred
CREON CAP 24000UNT	Preferred
CREON CAP 36000UNT	Preferred
VIOKACE TAB 10440	Preferred
VIOKACE TAB 20880	Preferred
ZENPEP CAP 3000UNIT	Preferred
ZENPEP CAP 5000UNIT	Preferred
ZENPEP CAP 10000UNT	Preferred
ZENPEP CAP 15000UNT	Preferred
ZENPEP CAP 20000UNT	Preferred
ZENPEP CAP 25000UNT	Preferred
ZENPEP CAP 40000UNT	Preferred
ZENPEP CAP 60000UNT	Preferred

PROTON PUMP INHIBITORS

<i>dexlansoprazole cpdr 30mg, 60mg</i>	
<i>esomeprazole magnesium cpdr 20mg, 40mg; pack 2.5mg, 5mg, 10mg, 20mg, 40mg</i>	Preferred
<i>esomeprazole sodium solr 40mg</i>	
<i>lansoprazole cpdr 15mg, 30mg</i>	Preferred
<i>omeprazole cpdr 10mg, 20mg, 40mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

<i>pantoprazole sodium pack 40mg; tbec 20mg, 40mg</i>	Preferred
<i>pantoprazole sodium solr 40mg</i>	

RECTAL, CORTICOSTEROIDS

<i>hydrocortisone (rectal) crea 2.5%</i>	
PROCTOFOAM AER HC 1%	Preferred

ULCER THERAPY COMBINATIONS

<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	Preferred
TALICIA CAP	Preferred

GENITOURINARY

BENIGN PROSTATIC HYPERPLASIA

<i>alfuzosin hcl tb24 10mg</i>	Preferred
AVODART CAPS .5MG	
CARDURA TABS 1MG, 2MG, 4MG, 8MG	
<i>doxazosin mesylate tabs 1mg, 2mg, 4mg, 8mg</i>	Preferred
<i>dutasteride caps .5mg</i>	Preferred
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	Preferred
<i>finasteride tabs 5mg</i>	Preferred
FLOMAX CAPS .4MG	
PROSCAR TABS 5MG	
<i>silodosin caps 4mg, 8mg</i>	Preferred
<i>tamsulosin hcl caps .4mg</i>	Preferred
<i>terazosin hcl caps 1mg, 2mg, 5mg, 10mg</i>	Preferred

ERECTILE DYSFUNCTION

<i>avanafil tabs 50mg, 100mg, 200mg</i>	Preferred
<i>sildenafil citrate tabs 25mg, 50mg, 100mg</i>	Preferred
<i>tadalafil tabs 2.5mg, 5mg, 10mg, 20mg</i>	Preferred

MISCELLANEOUS

<i>bethanechol chloride tabs 5mg, 10mg, 25mg, 50mg</i>	
FILSPARI TABS 200MG, 400MG	Preferred
<i>potassium citrate (alkalinizer) tbc 15meq, 540mg, 1080mg</i>	
<i>tiopronin tabs 100mg; tbec 100mg, 300mg</i>	Preferred
VANRAFIA TABS .75MG	Preferred

URINARY ANTISPASMODICS

<i>darifenacin hydrobromide tb24 7.5mg, 15mg</i>	Preferred
DETROL TABS 1MG, 2MG	
<i>fesoterodine fumarate tb24 4mg, 8mg</i>	Preferred
GELNIQUE GEL 10%	MNPA
GEMTESA TABS 75MG	Preferred
<i>mirabegron tb24 25mg, 50mg</i>	

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

<i>oxybutynin chloride soln 5mg/5ml; tabs 5mg; tb24 5mg, 10mg, 15mg</i>	Preferred
OXYTROL PTTW 3.9MG/24HR	MNPA
<i>solifenacin succinate tabs 5mg, 10mg</i>	Preferred
<i>tolterodine tartrate cp24 2mg, 4mg; tabs 1mg, 2mg</i>	Preferred
<i>tropium chloride cp24 60mg; tabs 20mg</i>	Preferred

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal crea 2%</i>	
<i>metronidazole vaginal gel .75%</i>	
<i>terconazole vaginal crea .4%, .8%; supp 80mg</i>	

HEMATOLOGIC

ANTICOAGULANTS

<i>dabigatran etexilate mesylate caps 75mg, 110mg, 150mg</i>	Preferred
ELIQUIS CPSP .15MG; TABS 2.5MG, 5MG; TBSO .5MG	Preferred
ELIQUIS STARTER PACK TBPK 5MG	Preferred
<i>enoxaparin sodium soln 300mg/3ml; sosy 30mg/0.3ml, 40mg/0.4ml, 60mg/0.6ml, 80mg/0.8ml, 100mg/ml, 120mg/0.8ml, 150mg/ml</i>	Preferred
<i>fondaparinux sodium soln 2.5mg/0.5ml, 5mg/0.4ml, 7.5mg/0.6ml, 10mg/0.8ml</i>	Preferred
PRADAXA CAPS 75MG, 110MG, 150MG	MNPA
<i>rivaroxaban susr 1mg/ml; tabs 2.5mg</i>	
SAVAYSA TABS 15MG, 30MG, 60MG	MNPA
<i>warfarin sodium tabs 1mg, 2mg, 2.5mg, 3mg, 4mg, 5mg, 6mg, 7.5mg, 10mg</i>	Preferred
XARELTO SUSR 1MG/ML; TABS 2.5MG, 10MG, 15MG, 20MG	Preferred
XARELTO STAR TAB 15/20MG	Preferred

BLEEDING DISORDERS AGENTS

NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG	Preferred
SEVENFACT SOLR 1MG, 5MG	Preferred
SEVENFACT SOLR 2MG	
WILATE INJ	Preferred

HEMATOPOIETIC GROWTH FACTORS

ARANESP ALBUMIN FREE SOLN 25MCG/ML, 40MCG/ML, 60MCG/ML, 100MCG/ML, 200MCG/ML; SOSY 10MCG/0.4ML, 25MCG/0.42ML, 40MCG/0.4ML, 60MCG/0.3ML, 100MCG/0.5ML, 150MCG/0.3ML, 200MCG/0.4ML, 300MCG/0.6ML, 500MCG/ML	Preferred
FULPHILA SOSY 6MG/0.6ML	Preferred
NIVESTYM SOLN 300MCG/ML, 480MCG/1.6ML; SOSY 300MCG/0.5ML, 480MCG/0.8ML	Preferred
NYVEPRIA SOSY 6MG/0.6ML	Preferred

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

PROCRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	Preferred
--	-----------

RETACRIT SOLN 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML, 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	Preferred
---	-----------

HEMOPHILIA A AGENTS

ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT	Preferred
--	-----------

ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	Preferred
--	-----------

AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT	Preferred
--	-----------

ALTUVIIIIO SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT	Preferred
---	-----------

ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT	Preferred
---	-----------

ESPEROCT SOLR 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	Preferred
---	-----------

ESPEROCT SOLR 4000UNIT	
------------------------	--

JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred
---	-----------

JIVI SOLR 4000UNIT	
--------------------	--

KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred
--	-----------

NOVOEIGHT SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	Preferred
---	-----------

NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT	Preferred
---	-----------

XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	Preferred
---	-----------

XYNTHA SOLOFUSE KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred
--	-----------

HEMOPHILIA B AGENTS

BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred
--	-----------

REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	Preferred
--	-----------

MISCELLANEOUS

<i>anagrelide hcl caps .5mg, 1mg</i>	
--------------------------------------	--

<i>cilostazol tabs 50mg, 100mg</i>	
------------------------------------	--

PAROXYSMAL NOCTURNAL HEMOGLOBINURIA (PNH) AGENTS

EMPAVELI SOLN 1080MG/20ML	Preferred
---------------------------	-----------

EPYSQLI SOLN 300MG/30ML	Preferred
-------------------------	-----------

DRUG NAME	FORMULARY STATUS
PLATELET AGGREGATION INHIBITORS	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Preferred
<i>clopidogrel bisulfate tabs 75mg, 300mg</i>	Preferred
<i>dipyridamole tabs 25mg, 50mg, 75mg</i>	
<i>prasugrel hcl tabs 5mg, 10mg</i>	Preferred
<i>ticagrelor tabs 60mg, 90mg</i>	Preferred
SICKLE CELL DISEASE	
ENDARI PACK 5GM	Preferred
<i>glutamine (sickle cell) pack 5gm</i>	
SIKLOS TABS 100MG, 1000MG	Preferred
THROMBOCYTOPENIA AGENTS	
ALVAIZ TABS 9MG, 18MG, 36MG, 54MG	Preferred
DOPTELET TABS 20MG	Preferred
DOPTELET SPRINKLE CPSP 10MG	Preferred
<i>eltrombopag olamine pack 12.5mg, 25mg; tabs 12.5mg, 25mg, 50mg, 75mg</i>	Preferred
IMMUNOLOGIC AGENTS	
ALLERGENIC EXTRACTS	
GRASTEK SUBL 2800BAU	Preferred
ODACTRA SUB	Preferred
ORALAIR SUB 300 IR	Preferred
RAGWITEK SUBL 12AMBA1-U	Preferred
ALOPECIA AREATA	
LITFULO CAPS 50MG	Preferred
OLUMIANT TABS 1MG, 2MG, 4MG	Preferred
AUTOIMMUNE AGENTS (PHYSICIAN-ADMINISTERED)	
AVSOLA SOLR 100MG	Preferred
ILUMYA SOSY 100MG/ML	Preferred
PYZCHIVA SOLN 130MG/26ML	Preferred
REMICADE SOLR 100MG	Preferred
SIMPONI ARIA SOLN 50MG/4ML	Preferred
SKYRIZI SOLN 600MG/10ML	Preferred
STELARA SOLN 130MG/26ML	Preferred
TREMFYA SOLN 200MG/20ML	Preferred
YESINTEK SOLN 130MG/26ML	Preferred
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ALL OTHER CONDITIONS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
ENBREL SOLN 25MG/0.5ML; SOLR 25MG; SOSY 25MG/0.5ML, 50MG/ML	Preferred

DRUG NAME	FORMULARY STATUS
ENBREL MINI SOCT 50MG/ML	Preferred
ENBREL SURECLICK SOAJ 50MG/ML	Preferred
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
HYRIMOZ-PLAQ INJ PSORIASI	Except NDCs 61314-XXXX-XX; Preferred

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ANKYLOSING SPONDYLITIS

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ SOSY 10MG/0.1ML, 20MG/0.2ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	Preferred
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	Preferred
COSENTYX UNOREADY SOAJ 300MG/2ML	Preferred
ENBREL SOLN 25MG/0.5ML; SOLR 25MG; SOSY 25MG/0.5ML, 50MG/ML	Preferred
ENBREL MINI SOCT 50MG/ML	Preferred
ENBREL SURECLICK SOAJ 50MG/ML	Preferred
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
RINVOQ TB24 15MG	Preferred

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), CROHN'S DISEASE

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
ENTYVIO PEN SOAJ 108MG/0.68ML	Preferred
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
HYRIMOZ-PLAQ INJ PSORIASI	Except NDCs 61314-XXXX-XX; Preferred
PYZCHIVA SOAJ 45MG/0.5ML, 90MG/ML; SOSY 45MG/0.5ML, 90MG/ML	Except NDCs 61314-XXXX-XX; Preferred
RINVOQ TB24 15MG, 30MG, 45MG	Preferred
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML; SOSY 150MG/ML	Preferred
SKYRIZI PEN SOAJ 150MG/ML	Preferred

DRUG NAME	FORMULARY STATUS
TREMFYA SOAJ 200MG/2ML; SOPN 100MG/ML; SOSY 100MG/ML, 200MG/2ML	Preferred
TREMFYA INDUCTION PACK FO SOAJ 200MG/2ML	Preferred
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	Preferred

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), HIDRADENITIS SUPPURATIVA

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	Preferred
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	Preferred
COSENTYX UNOREADY SOAJ 300MG/2ML	Preferred
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
HYRIMOZ-PLAQ INJ PSORIASI	Except NDCs 61314-XXXX-XX; Preferred

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), NON-RADIOGRAPHIC AXIAL SPONDYLOARTHRITIS

CIMZIA PSKT 200MG/ML	Preferred
CIMZIA STARTER KIT PSKT 200MG/ML	Preferred
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	Preferred
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	Preferred
RINVOQ TB24 15MG	Preferred

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIASIS

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
BIMZELX SOAJ 160MG/ML; SOSY 160MG/ML	Preferred
BIMZELX SOAJ 320MG/2ML; SOSY 320MG/2ML	
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
HYRIMOZ-PLAQ INJ PSORIASI	Except NDCs 61314-XXXX-XX; Preferred
OTEZLA TABS 20MG	
OTEZLA TABS 30MG	Preferred

DRUG NAME	FORMULARY STATUS
OTEZLA TAB 10/20	
OTEZLA TAB 10/20/30	Preferred
OTEZLA XR TB24 75MG	Preferred
OTEZLA/XR TAB 28 DAY	Preferred
PYZCHIVA SOAJ 45MG/0.5ML, 90MG/ML; SOSY 45MG/0.5ML, 90MG/ML	Except NDCs 61314-XXXX-XX; Preferred
SKYRIZI SOSY 150MG/ML	Preferred
SKYRIZI PEN SOAJ 150MG/ML	Preferred
SOTYKTU TABS 6MG	Preferred
TREMFYA SOPN 100MG/ML; SOSY 100MG/ML	Preferred
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	Preferred

AUTOIMMUNE AGENTS (SELF-ADMINISTERED), PSORIATIC ARTHRITIS

ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ SOSY 10MG/0.1ML, 20MG/0.2ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
COSENTYX SOSY 75MG/0.5ML, 150MG/ML	Preferred
COSENTYX SENSOREADY PEN SOAJ 150MG/ML	Preferred
COSENTYX UNOREADY SOAJ 300MG/2ML	Preferred
ENBREL SOLN 25MG/0.5ML; SOLR 25MG; SOSY 25MG/0.5ML, 50MG/ML	Preferred
ENBREL MINI SOCT 50MG/ML	Preferred
ENBREL SURECLICK SOAJ 50MG/ML	Preferred
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
OTEZLA TABS 20MG	
OTEZLA TABS 30MG	Preferred
OTEZLA TAB 10/20	
OTEZLA TAB 10/20/30	Preferred
OTEZLA XR TB24 75MG	Preferred
OTEZLA/XR TAB 28 DAY	Preferred
PYZCHIVA SOAJ 45MG/0.5ML, 90MG/ML; SOSY 45MG/0.5ML, 90MG/ML	Except NDCs 61314-XXXX-XX; Preferred
RINVOQ TB24 15MG	Preferred
RINVOQ LQ SOLN 1MG/ML	
SKYRIZI SOSY 150MG/ML	Preferred
SKYRIZI PEN SOAJ 150MG/ML	Preferred
TREMFYA SOPN 100MG/ML; SOSY 100MG/ML	Preferred
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	Preferred

DRUG NAME	FORMULARY STATUS
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), RHEUMATOID ARTHRITIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
ENBREL SOLN 25MG/0.5ML; SOLR 25MG; SOSY 25MG/0.5ML, 50MG/ML	Preferred
ENBREL MINI SOCT 50MG/ML	Preferred
ENBREL SURECLICK SOAJ 50MG/ML	Preferred
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
HYRIMOZ-PLAQ INJ PSORIASI	Except NDCs 61314-XXXX-XX; Preferred
KEVZARA SOAJ 150MG/1.14ML, 200MG/1.14ML; SOSY 150MG/1.14ML, 200MG/1.14ML	Preferred
ORENCIA SOSY 125MG/ML	Preferred
ORENCIA CLICKJECT SOAJ 125MG/ML	Preferred
RINVOQ TB24 15MG	Preferred
XELJANZ TABS 5MG	Preferred
XELJANZ XR TB24 11MG	Preferred
AUTOIMMUNE AGENTS (SELF-ADMINISTERED), ULCERATIVE COLITIS	
ADALIMUMAB-ADAZ SOAJ 40MG/0.4ML; SOSY 40MG/0.4ML	Preferred
ADALIMUMAB-ADAZ SOAJ 80MG/0.8ML; SOSY 10MG/0.1ML, 20MG/0.2ML	
ADALIMUMAB-FKJP AJKT 40MG/0.8ML; PSKT 20MG/0.4ML, 40MG/0.8ML	Preferred
ENTYVIO PEN SOAJ 108MG/0.68ML	Preferred
HYRIMOZ SOAJ 40MG/0.4ML, 40MG/0.8ML; SOSY 20MG/0.2ML, 40MG/0.4ML, 40MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
HYRIMOZ SENSOREADY PENS SOAJ 80MG/0.8ML	Except NDCs 61314-XXXX-XX; Preferred
HYRIMOZ-PLAQ INJ PSORIASI	Except NDCs 61314-XXXX-XX; Preferred
PYZCHIVA SOAJ 45MG/0.5ML, 90MG/ML; SOSY 45MG/0.5ML, 90MG/ML	Except NDCs 61314-XXXX-XX; Preferred
RINVOQ TB24 15MG, 30MG, 45MG	Preferred
SKYRIZI SOCT 180MG/1.2ML, 360MG/2.4ML; SOSY 150MG/ML	Preferred
SKYRIZI PEN SOAJ 150MG/ML	Preferred

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

TREMFYA SOAJ 200MG/2ML; SOPN 100MG/ML; SOSY 100MG/ML, 200MG/2ML	Preferred
TREMFYA INDUCTION PACK FO SOAJ 200MG/2ML	Preferred
VELSIPITY TABS 2MG	Preferred
YESINTEK SOLN 45MG/0.5ML; SOSY 45MG/0.5ML, 90MG/ML	Preferred
ZEPOSIA CAPS .92MG	Preferred
ZEPOSIA 7DAY CAP STR PACK	Preferred
ZEPOSIA CAP STR KIT 37 DAY	Preferred

DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)

<i>hydroxychloroquine sulfate tabs 200mg</i>	
<i>leflunomide tabs 10mg, 20mg</i>	
<i>methotrexate sodium tabs 2.5mg</i>	Preferred
RASUVO SOAJ 7.5MG/0.15ML, 10MG/0.2ML, 12.5MG/0.25ML, 15MG/0.3ML, 17.5MG/0.35ML, 20MG/0.4ML, 22.5MG/0.45ML, 25MG/0.5ML, 30MG/0.6ML	Preferred

HEREDITARY ANGIOEDEMA

<i>icatibant acetate sosy 30mg/3ml</i>	Preferred
ORLADEYO CAPS 110MG, 150MG	Preferred
RUCONEST SOLR 2100UNIT	Preferred
TAKHZYRO SOLN 300MG/2ML; SOSY 150MG/ML, 300MG/2ML	Preferred

IMMUNOGLOBULIN

CUTAQUIG SOLN 1GM/6ML, 1.65GM/10ML, 2GM/12ML, 3.3GM/20ML, 4GM/24ML, 8GM/48ML	Preferred
XEMBIFY SOLN 1GM/5ML, 2GM/10ML, 4GM/20ML, 10GM/50ML	Preferred

IMMUNOSUPPRESSANTS

<i>azathioprine tabs 50mg, 75mg, 100mg</i>	
<i>cyclosporine caps 25mg, 100mg</i>	Preferred
<i>cyclosporine modified (for microemulsion) caps 25mg, 50mg, 100mg; soln 100mg/ml</i>	Preferred
<i>everolimus (immunosuppressant) tabs .25mg, .5mg, .75mg, 1mg</i>	Preferred
<i>mycophenolate mofetil caps 250mg; susr 200mg/ml; tabs 500mg</i>	Preferred
<i>mycophenolate mofetil hcl solr 500mg</i>	Preferred
<i>mycophenolate sodium tbec 180mg, 360mg</i>	Preferred
<i>sirolimus soln 1mg/ml; tabs .5mg, 1mg, 2mg</i>	Preferred
<i>tacrolimus caps .5mg, 1mg, 5mg</i>	Preferred

MEDICAL DEVICES

THYROID AGENTS

<i>dipyridamole (diagnostic) soln 5mg/ml</i>	
--	--

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

NUTRITIONAL/SUPPLEMENTS

ELECTROLYTES

<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i>	
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	
<i>potassium chloride cpcr 8meq, 10meq; soln 2meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 20meq/50ml, 40meq/100ml; tbcr 8meq, 10meq, 20meq</i>	
<i>potassium chloride soln 10%, 20%</i>	Preferred
<i>potassium chloride microencapsulated crystals er tbcr 10meq, 15meq, 20meq</i>	
<i>sodium fluoride chew .25mg, .5mg, 1mg; soln .5mg/ml; tabs .5mg, 1mg</i>	

VITAMINS

<i>cyanocobalamin soln 1000mcg/ml</i>	
<i>folic acid soln 5mg/ml; tabs 1mg</i>	
<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	
<i>multivitamins</i>	
<i>niacinamide w/ zn-cu-methylfol-se-cr tab 750-27-2-0.5 mg</i>	
<i>pediatric multiple vitamin w/ fluoride susp 0.25 mg/ml</i>	
<i>pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml</i>	
<i>pediatric multiple vitamins w/ fluoride chew tab 0.5 mg</i>	
<i>pediatric multiple vitamins w/ fluoride chew tab 1 mg</i>	
<i>pediatric multiple vitamins w/ fluoride susp 0.5 mg/ml</i>	
<i>pyridoxine hcl soln 100mg/ml</i>	

OPHTHALMIC

ANTI-INFECTIVE/ANTI-INFLAMMATORY

<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	Preferred
<i>MAXITROL OIN 0.1% OP</i>	
<i>MAXITROL SUS 0.1% OP</i>	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	Preferred
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	Preferred
<i>neomycin-polymyxin-hc ophth susp</i>	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	
<i>TOBRADEX OIN 0.3-0.1%</i>	Preferred
<i>TOBRADEX ST SUS 0.3-0.05</i>	Preferred
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	Preferred

ANTI-INFECTIVES

<i>bacitracin (ophthalmic) oint 500unit/gm</i>	
<i>bacitracin-polymyxin b ophth oint</i>	
<i>BESIVANCE SUSP .6%</i>	Preferred
<i>CILOXAN OINT .3%</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>ciprofloxacin hcl (ophth) soln .3%</i>	Preferred
<i>erythromycin (ophth) oint 5mg/gm</i>	Preferred
<i>gentamicin sulfate (ophth) soln .3%</i>	Preferred
<i>levofloxacin (ophth) soln .5%, 1.5%</i>	Preferred
<i>moxifloxacin hcl (ophth) soln .5%</i>	Preferred
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	
OCUFLOX SOLN .3%	
<i>ofloxacin (ophth) soln .3%</i>	Preferred
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	
POLYTRIM SOL OP	
<i>sulfacetamide sodium (ophth) soln 10%</i>	Preferred
<i>tobramycin (ophth) soln .3%</i>	Preferred
TOBREX OINT .3%; SOLN .3%	
<i>trifluridine soln 1%</i>	Preferred
VIGAMOX SOLN .5%	
XDEMVI SOLN .25%	Preferred

ANTI-INFLAMMATORIES

ACULAR SOLN .5%	
ACULAR LS SOLN .4%	
ACUVAIL SOLN .45%	Preferred
<i>bromfenac sodium (ophth) soln .07%, .075%</i>	
<i>bromfenac sodium (ophth) soln .09%</i>	Preferred
<i>dexamethasone sodium phosphate (ophth) soln .1%</i>	Preferred
<i>diclofenac sodium (ophth) soln .1%</i>	Preferred
<i>difluprednate emul .05%</i>	Preferred
<i>fluorometholone (ophth) susp .1%</i>	
FML FORTE SUSP .25%	Preferred
ILEVRO SUSP .3%	Preferred
<i>ketorolac tromethamine (ophth) soln .4%, .5%</i>	Preferred
<i>loteprednol etabonate gel .5%; susp .5%</i>	Preferred
MAXIDEX SUSP .1%	Preferred
NEVANAC SUSP .1%	Preferred
PRED MILD SUSP .12%	Preferred
<i>prednisolone acetate (ophth) susp 1%</i>	Preferred
PREDNISOLONE SODIUM PHOSP SOLN 1%	

ANTIALLERGICS

<i>azelastine hcl (ophth) soln .05%</i>	Preferred
<i>bepotastine besilate soln 1.5%</i>	Preferred
<i>cromolyn sodium (ophth) soln 4%</i>	Preferred
<i>loteprednol etabonate susp .2%</i>	Preferred
<i>olopatadine hcl soln .2%</i>	Preferred
ZERVIAE SOLN .24%	Preferred

DRUG NAME	FORMULARY STATUS
ANTIGLAUCOMA BETA-BLOCKERS	
BETIMOL SOLN .25%, .5%	Preferred
BETOPTIC-S SUSP .25%	Preferred
<i>levobunolol hcl soln .5%</i>	
<i>timolol soln .5%</i>	
<i>timolol maleate (ophth) solg .25%, .5%; soln .25%, .5%</i>	Preferred
ANTIGLAUCOMA COMBINATION AGENTS	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	Preferred
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	Preferred
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	Preferred
ROCKLATAN DRO	Preferred
SIMBRINZA SUS 1-0.2%	Preferred
CARBONIC ANHYDRASE INHIBITORS	
<i>brinzolamide susp 1%</i>	Preferred
<i>dorzolamide hcl soln 2%</i>	Preferred
DRY EYE DISEASE	
<i>cyclosporine (ophth) emul .05%</i>	Preferred
LACRISERT INST 5MG	MNPA
MIEBO SOLN 1.338GM/ML	Preferred
RESTASIS EMUL .05%	Preferred
RESTASIS MULTIDOSE EMUL .05%	Preferred
VEVYE SOLN .1%	
XIIDRA SOLN 5%	Preferred
PROSTAGLANDINS	
<i>latanoprost soln .005%</i>	Preferred
LUMIGAN SOLN .01%	Preferred
<i>tafluprost soln .015mg/ml</i>	
<i>travoprost soln .004%</i>	Preferred
RETINAL DISORDERS	
BYOOVIZ SOLN .5MG/0.05ML	Preferred
RHO KINASE INHIBITORS	
RHOPRESSA SOLN .02%	Preferred
SYMPATHOMIMETICS	
ALPHAGAN P SOLN .1%, .15%	Preferred
<i>brimonidine tartrate soln .1%</i>	
<i>brimonidine tartrate soln .15%, .2%</i>	Preferred
RESPIRATORY	
ALPHA-1 ANTITRYPSIN DEFICIENCY AGENTS	
ARALAST NP SOLR 500MG, 1000MG	Preferred
GLASSIA SOLN 4GM/200ML, 5GM/250ML	
GLASSIA SOLN 1000MG/50ML	Preferred
ZEMAIRA SOLR 1000MG	Preferred

DRUG NAME	FORMULARY STATUS
ZEMAIRA SOLR 4000MG, 5000MG	
ANAPHYLAXIS TREATMENT AGENTS	
AUVI-Q SOAJ .1MG/0.1ML, .15MG/0.15ML, .3MG/0.3ML	Preferred
<i>epinephrine soln 1mg/ml</i>	Preferred
<i>epinephrine (anaphylaxis) soaj .15mg/0.15ml, .15mg/0.3ml, .3mg/0.3ml</i>	Preferred
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS	
ANORO ELLIPT AER 62.5-25	Preferred
BEVESPI AER 9-4.8MCG	MNPA
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Preferred
STIOLTO AER 2.5-2.5	Preferred
<i>umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act</i>	
ANTICHOLINERGIC/BETA AGONIST/STEROID COMBINATIONS	
BREZTRI AERO AER SPHERE	Preferred
TRELEGY AER 100MCG	Preferred
TRELEGY AER 200MCG	Preferred
ANTICHOLINERGICS	
ATROVENT HFA AERS 17MCG/ACT	Preferred
INCRUSE ELLIPTA AEPB 62.5MCG/INH	Preferred
<i>ipratropium bromide soln .02%</i>	Preferred
<i>ipratropium bromide (nasal) soln .03%, .06%</i>	
SPIRIVA HANDHALER CAPS 18MCG	Preferred
SPIRIVA RESPIMAT AERS 1.25MCG/ACT, 2.5MCG/ACT	Preferred
<i>tiotropium bromide caps 18mcg</i>	
TUDORZA PRESSAIR AEPB 400MCG/ACT	MNPA
YUPELRI NEBU 175MCG/3ML	Preferred
ANTI-HISTAMINE COMBINATIONS	
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	Preferred
ANTI-HISTAMINES	
<i>azelastine hcl soln .1%, .15%</i>	Preferred
<i>clemastine fumarate tabs 2.68mg</i>	
<i>cyproheptadine hcl syrp 2mg/5ml; tabs 4mg</i>	
<i>hydroxyzine hcl soln 25mg/ml, 50mg/ml; syrp 10mg/5ml; tabs 10mg, 25mg, 50mg</i>	
<i>levocetirizine dihydrochloride soln 2.5mg/5ml; tabs 5mg</i>	
<i>olopatadine hcl (nasal) soln .6%</i>	Preferred
BETA AGONISTS	
<i>albuterol sulfate aers 108mcg/act; nebu .083%, .63mg/3ml, 1.25mg/3ml, 2.5mg/0.5ml</i>	Preferred
<i>albuterol sulfate syrp 2mg/5ml; tabs 2mg, 4mg</i>	
<i>formoterol fumarate nebu 20mcg/2ml</i>	Preferred

DRUG NAME	FORMULARY STATUS
<i>levalbuterol tartrate aero 45mcg/act</i>	Preferred
SEREVENT DISKUS AEPB 50MCG/DOSE	Preferred
STRIVERDI RESPIMAT AERS 2.5MCG/ACT	Preferred
<i>terbutaline sulfate soln 1mg/ml; tabs 2.5mg, 5mg</i>	
CHRONIC OBSTRUCTIVE PULMONARY DISEASE	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	Preferred
NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML	Except lyophilized powder; Preferred
CHRONIC RHINOSINUSITIS WITH NASAL POLYPS	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	Preferred
NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML	Except lyophilized powder; Preferred
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	Preferred
COLD/COUGH	
<i>benzonatate caps 100mg, 150mg, 200mg</i>	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	
CYSTIC FIBROSIS	
<i>tobramycin nebu 300mg/4ml, 300mg/5ml</i>	Preferred
LEUKOTRIENE MODIFIERS	
<i>zileuton tb12 600mg</i>	Preferred
LEUKOTRIENE RECEPTOR ANTAGONISTS	
<i>montelukast sodium chew 4mg, 5mg; pack 4mg; tabs 10mg</i>	Preferred
<i>zafirlukast tabs 10mg, 20mg</i>	Preferred
MAST CELL STABILIZERS	
<i>cromolyn sodium nebu 20mg/2ml</i>	
MISCELLANEOUS	
<i>roflumilast tabs 250mcg, 500mcg</i>	Preferred
NASAL STEROIDS	
<i>flunisolide (nasal) soln .025%</i>	Preferred
<i>fluticasone propionate (nasal) susp 50mcg/act</i>	Preferred
<i>mometasone furoate (nasal) susp 50mcg/act</i>	Preferred
XHANCE EXHU 93MCG/ACT	Preferred
PULMONARY FIBROSIS AGENTS	
OFEV CAPS 100MG, 150MG	Preferred
<i>pirfenidone caps 267mg; tabs 267mg, 801mg</i>	Preferred

DRUG NAME	FORMULARY STATUS
SEVERE ASTHMA AGENTS	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	Preferred
FASENRA SOSY 10MG/0.5ML	
FASENRA SOSY 30MG/ML	Preferred
FASENRA PEN SOAJ 30MG/ML	Preferred
NUCALA SOAJ 100MG/ML; SOSY 40MG/0.4ML, 100MG/ML	Except lyophilized powder; Preferred
TEZSPIRE SOSY 210MG/1.91ML	Preferred
XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML, 300MG/2ML	Preferred
STEROID INHALANTS	
ARNUITY ELLIPTA AEPB 50MCG/ACT, 100MCG/ACT, 200MCG/ACT	Preferred
<i>budesonide (inhalation) susp .25mg/2ml, .5mg/2ml, 1mg/2ml</i>	Preferred
<i>fluticasone furoate (inhalation) aepb 50mcg/act, 100mcg/act, 200mcg/act</i>	
<i>fluticasone propionate (inhalation) aepb 50mcg/act, 100mcg/act, 250mcg/act</i>	
<i>fluticasone propionate hfa aero 44mcg/act, 110mcg/act, 220mcg/act</i>	
PULMICORT FLEXHALER AEPB 90MCG/ACT, 180MCG/ACT	Preferred
QVAR REDIHALER AERB 40MCG/ACT, 80MCG/ACT	Preferred
STEROID/BETA-AGONIST COMBINATIONS	
AIRSUPRA AER 90-80MCG	Preferred
BREO ELLIPTA INH 50-25MCG	Preferred
BREO ELLIPTA INH 100-25	Preferred
BREO ELLIPTA INH 200-25	Preferred
<i>Breyna</i>	Preferred
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	Preferred
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	Preferred
<i>fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act</i>	
<i>fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	
--	--

<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	
---	--

<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	
--	--

<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	
--	--

XANTHINES

<i>theophylline tb12 100mg, 200mg, 300mg, 450mg; tb24 400mg, 600mg</i>	
--	--

TOPICAL

DERMATOLOGY, ACNE

ABSORICA CAPS 10MG, 20MG, 25MG, 30MG, 35MG, 40MG	Preferred
--	-----------

<i>adapalene crea .1%; gel .1%, .3%; pads .1%</i>	Preferred
---	-----------

<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	
--	--

<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	
--	--

AKLIEF CREA .005%	Preferred
-------------------	-----------

ARAZLO LOTN .045%	Preferred
-------------------	-----------

BENZAC AC WASH LIQD 5%	
------------------------	--

BENZAMYCIN GEL 5-3%	
---------------------	--

<i>benzoyl peroxide foam 9.8%; gel 8%</i>	Preferred
---	-----------

<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Preferred
---	-----------

<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Preferred
--	-----------

<i>clindamycin phosphate (topical) gel 1%; soln 1%</i>	Preferred
--	-----------

<i>clindamycin phosphate (topical) lotn 1%</i>	
--	--

<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	Preferred
--	-----------

<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	Preferred
--	-----------

<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	
---	--

<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	
---	--

<i>dapsone (topical) gel 5%, 7.5%</i>	
---------------------------------------	--

EPIDUO FORTE GEL 0.3-2.5%	Preferred
---------------------------	-----------

EPIDUO GEL 0.1-2.5%	Preferred
---------------------	-----------

<i>erythromycin (acne aid) gel 2%</i>	
---------------------------------------	--

<i>erythromycin (acne aid) soln 2%</i>	Preferred
--	-----------

<i>isotretinoin caps 10mg, 20mg, 25mg, 30mg, 35mg, 40mg</i>	Preferred
---	-----------

KLARON LOTN 10%	
-----------------	--

RETIN-A CREA .025%, .05%, .1%; GEL .01%, .025%	
--	--

<i>sulfacetamide sodium (acne) lotn 10%</i>	
---	--

<i>tazarotene crea .05%, .1%; gel .05%, .1%</i>	Preferred
---	-----------

<i>tretinoin crea .025%, .05%, .1%; gel .01%, .025%, .05%</i>	Preferred
---	-----------

<i>tretinoin microsphere gel .04%, .1%</i>	Preferred
--	-----------

WINLEVI CREA 1%	Preferred
-----------------	-----------

DERMATOLOGY, ACTINIC KERATOSIS

<i>fluorouracil (topical) crea 5%; soln 2%, 5%</i>	Preferred
--	-----------

DRUG NAME	FORMULARY STATUS
<i>imiquimod</i> crea 3.75%, 5%	Preferred
DERMATOLOGY, ANTIBIOTICS	
<i>gentamicin sulfate (topical)</i> crea .1%; oint .1%	Preferred
<i>mupirocin</i> oint 2%	Preferred
<i>silver sulfadiazine</i> crea 1%	
DERMATOLOGY, ANTIFUNGALS	
<i>ciclopirox</i> gel .77%; sham 1%; soln 8%	Preferred
<i>ciclopirox olamine</i> crea .77%; susp .77%	Preferred
<i>clotrimazole (topical)</i> crea 1%; soln 1%	Preferred
<i>econazole nitrate</i> crea 1%	Preferred
<i>ketconazole (topical)</i> crea 2%; foam 2%	Preferred
<i>luliconazole</i> crea 1%	Preferred
<i>naftifine hcl</i> crea 1%, 2%; gel 2%	Preferred
<i>nystatin (topical)</i> crea 100000unit/gm; oint 100000unit/gm; powd 100000unit/gm	Preferred
DERMATOLOGY, ANTIPSORIATICS	
<i>acitretin</i> caps 10mg, 17.5mg, 25mg	Preferred
<i>calcipotriene</i> crea .005%; oint .005%; soln .005%	Preferred
<i>calcipotriene-betamethasone dipropionate</i> oint 0.005-0.064%	Preferred
<i>calcipotriene-betamethasone dipropionate</i> susp 0.005-0.064%	Preferred
ENSTILAR AER	Preferred
<i>methoxsalen rapid</i> caps 10mg	Preferred
<i>tazarotene</i> crea .05%, .1%; gel .05%, .1%	Preferred
VTAMA CREA 1%	Preferred
ZORYVE CREA .3%; FOAM .3%	Preferred
DERMATOLOGY, ANTISEBORRHEICS	
<i>ketconazole (topical)</i> sham 2%	Preferred
<i>selenium sulfide</i> lotn 2.5%	Preferred
ZORYVE FOAM .3%	Preferred
DERMATOLOGY, ATOPIC DERMATITIS	
CIBINQO TABS 50MG, 100MG, 200MG	Preferred
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	Preferred
EBGLYSS SOAJ 250MG/2ML; SOSY 250MG/2ML	Preferred
EUCRISA OINT 2%	Preferred
NEMLUVIO AUIJ 30MG	Preferred
OPZELURA CREA 1.5%	Preferred
<i>pimecrolimus</i> crea 1%	Preferred
RINVOQ TB24 15MG, 30MG, 45MG	Preferred
<i>tacrolimus (topical)</i> oint .03%, .1%	Preferred
VTAMA CREA 1%	Preferred
ZORYVE CREA .05%, .15%	Preferred

DRUG NAME	FORMULARY STATUS
------------------	-------------------------

DERMATOLOGY, CHRONIC SPONTANEOUS URTICARIA

DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY Preferred
100MG/0.67ML, 200MG/1.14ML, 300MG/2ML

XOLAIR SOAJ 75MG/0.5ML, 150MG/ML, 300MG/2ML; Preferred
SOLR 150MG; SOSY 75MG/0.5ML, 150MG/ML,
300MG/2ML

DERMATOLOGY, CORTICOSTEROIDS

alclometasone dipropionate crea .05%; oint .05%

betamethasone dipropionate (topical) crea .05%; lotn .05%; oint .05%

betamethasone dipropionate augmented crea .05%; gel .05%; lotn .05%; oint .05%

betamethasone valerate crea .1%; lotn .1%; oint .1%

BRYHALI LOTN .01% Preferred

*clobetasol propionate crea .05%; foam .05%; gel .05%; Preferred
lotn .05%; oint .05%; sham .05%*

clobetasol propionate soln .05%

clobetasol propionate emollient base crea .05% Preferred

clobetasol propionate emulsion foam .05% Preferred

desonide crea .05%; lotn .05%; oint .05% Preferred

*desoximetasone crea .05%, .25%; gel .05%; oint .05%, Preferred
.25%*

diflorasone diacetate crea .05%; oint .05%

fluocinolone acetonide crea .025%; oint .025%; soln .01%

fluocinonide crea .05%; gel .05%; oint .05%; soln .05% Preferred

fluocinonide emulsified base crea .05% Preferred

fluticasone propionate crea .05%; lotn .05%; oint .005%

halobetasol propionate crea .05%; oint .05% Preferred

hydrocortisone (topical) crea 1%, 2.5%; oint 1% Preferred

*hydrocortisone butyrate crea .1%; lotn .1%; oint .1%; Preferred
soln .1%*

hydrocortisone butyrate hydrophilic lipo base crea .1% Preferred

hydrocortisone valerate crea .2%; oint .2%

mometasone furoate crea .1%; oint .1%; soln .1% Preferred

*triamcinolone acetonide (topical) crea .025%, .1%, .5%; Preferred
lotn .025%, .1%; oint .1%*

DERMATOLOGY, LOCAL ANESTHETICS

lidocaine ptch 5% Preferred

lidocaine-prilocaine cream 2.5-2.5% Preferred

lidocaine-prilocaine cream kit 2.5-2.5%

DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS MEMBRANE

lactic acid (ammonium lactate) crea 12%; lotn 12%

podofilox gel .5%; soln .5%

DRUG NAME	FORMULARY STATUS
DERMATOLOGY, PRURIGO NODULARIS	
DUPIXENT SOAJ 200MG/1.14ML, 300MG/2ML; SOSY 100MG/0.67ML, 200MG/1.14ML, 300MG/2ML	Preferred
NEMLUVIO AUIJ 30MG	Preferred
DERMATOLOGY, ROSACEA	
<i>azelaic acid gel 15%</i>	Preferred
<i>brimonidine tartrate (topical) gel .33%</i>	Preferred
<i>doxycycline (rosacea) cpdr 40mg</i>	Preferred
FINACEA FOAM 15%	Preferred
<i>ivermectin (rosacea) crea 1%</i>	Preferred
METROCREAM CREA .75%	
METROGEL GEL 1%	
<i>metronidazole (topical) crea .75%; gel .75%, 1%; lotn .75%</i>	Preferred
DERMATOLOGY, SCABICIDES AND PEDICULICIDES	
<i>ivermectin (pediculicide) lotn .5%</i>	
<i>malathion lotn .5%</i>	
<i>permethrin crea 5%</i>	
MOUTH/THROAT/DENTAL AGENTS	
<i>cevimeline hcl caps 30mg</i>	
<i>clotrimazole troc 10mg</i>	
EPISIL LIQ	Preferred
<i>lidocaine hcl (mouth-throat) soln 2%</i>	Preferred
MUGARD LIQ	Preferred
<i>nystatin (mouth-throat) susp 100000unit/ml</i>	
<i>pilocarpine hcl (oral) tabs 5mg, 7.5mg</i>	
<i>triamcinolone acetonide (mouth) pste .1%</i>	
OTIC	
<i>acetic acid (otic) soln 2%</i>	Preferred
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Preferred
<i>neomycin-polymyxin-hc otic soln 1%</i>	Preferred
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Preferred
<i>ofloxacin (otic) soln .3%</i>	Preferred

Index

A	
<i>abacavir sulfate</i>	23
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	24
<i>abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg</i>	24
ABILIFY ASIMTUFII	42
ABILIFY MAINTENA	42
<i>abiraterone acetate</i>	28
ABSORICA.....	79
<i>acamprosate calcium</i>	39
<i>acarbose</i>	50
ACCU-CHEK AVIVA PLUS STRIPS AND KITS	57
ACCU-CHEK GUIDE STRIPS AND KITS.....	57
ACCU-CHEK LANCETS / LANCING DEVICES	57
ACCU-CHEK SMARTVIEW STRIPS AND KITS	57
ACCUPRIL	32
<i>acebutolol hcl</i>	35
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	21
<i>acetaminophen w/ codeine tab 300-15 mg</i>	21
<i>acetaminophen w/ codeine tab 300-30 mg</i>	21
<i>acetaminophen w/ codeine tab 300-60 mg</i>	21
<i>acetazolamide</i>	37
<i>acetazolamide sodium</i>	37
<i>acetic acid (otic)</i>	82
<i>acitretin</i>	80
ACTONEL	55
ACTOPLUS MET TAB 15-500MG.....	53
ACTOPLUS MET TAB 15-850MG	53
ACULAR.....	74
ACULAR LS	74
ACUVAIL.....	74
<i>acyclovir</i>	25
ADALIMUMAB-ADAZ	67, 68, 69, 70, 71
ADALIMUMAB-FKJP	67, 68, 69, 70, 71
<i>adapalene</i>	79
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	79
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	79
<i>adefovir dipivoxil</i>	26
ADEMPAS	38
ADLYXIN	51
ADVATE.....	66
ADYNOVATE.....	66
AFSTYLA	66
AIMOVIG	46
AIRSUPRA AER 90-80MCG	78
AJOVY	46
AKLIEF	79
<i>albuterol sulfate</i>	76
<i>alclometasone dipropionate</i>	81
ALDACTAZIDE TAB 25/25	37
ALDACTAZIDE TAB 50/50	37
ALECENSA	29
<i>alendronate sodium</i>	55
<i>alfuzosin hcl</i>	64
<i>aliskiren fumarate</i>	37
<i>allopurinol</i>	21
<i>allopurinol sodium</i>	21
<i>alogliptin benzoate</i>	51
<i>alogliptin-metformin hcl tab 12.5-1000 mg</i>	50
<i>alogliptin-metformin hcl tab 12.5-500 mg</i>	50
<i>alogliptin-pioglitazone tab 12.5-30 mg</i>	50
<i>alogliptin-pioglitazone tab 25-15 mg</i>	50
<i>alogliptin-pioglitazone tab 25-30 mg</i>	50
<i>alogliptin-pioglitazone tab 25-45 mg</i>	50
<i>alose tron hcl</i>	63
ALPHAGAN P.....	75
<i>alprazolam</i>	39
ALTUVIIIIO.....	66
ALUNBRIG.....	29
ALUNBRIG PAK	29
ALVAIZ.....	67
<i>amantadine hcl</i>	41
AMARYL	54
AMBIEN	46
AMBIEN CR.....	46

<i>ambrisentan</i>	38	<i>amlodipine besylate-olmesartan</i>	
<i>amiloride & hydrochlorothiazide tab 5-50</i>		<i>medoxomil tab 10-40 mg</i>	32
<i>mg</i>	37	<i>amlodipine besylate-olmesartan</i>	
<i>amiloride hcl</i>	37	<i>medoxomil tab 5-20 mg</i>	32
<i>amiodarone hcl</i>	34	<i>amlodipine besylate-olmesartan</i>	
<i>amitriptyline hcl</i>	40	<i>medoxomil tab 5-40 mg</i>	32
<i>amlodipine besylate</i>	36	<i>amlodipine besylate-valsartan tab 10-160</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg</i>	32
<i>tab 10-10 mg</i>	36	<i>amlodipine besylate-valsartan tab 10-320</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg</i>	32
<i>tab 10-20 mg</i>	36	<i>amlodipine besylate-valsartan tab 5-160</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg</i>	32
<i>tab 10-40 mg</i>	36	<i>amlodipine besylate-valsartan tab 5-320</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>mg</i>	32
<i>tab 10-80 mg</i>	36	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>tab 10-160-12.5 mg</i>	32
<i>tab 2.5-10 mg</i>	36	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>tab 10-160-25 mg</i>	32
<i>tab 2.5-20 mg</i>	36	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>tab 10-320-25 mg</i>	32
<i>tab 2.5-40 mg</i>	36	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>tab 5-160-12.5 mg</i>	32
<i>tab 5-10 mg</i>	36	<i>amlodipine-valsartan-hydrochlorothiazide</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>tab 5-160-25 mg</i>	32
<i>tab 5-20 mg</i>	36	<i>amoxicil cap & clarithro tab & lansopraz cap</i>	
<i>amlodipine besylate-atorvastatin calcium</i>		<i>dr 500 & 500 & 30mg</i>	64
<i>tab 5-40 mg</i>	36	<i>amoxicillin</i>	27
<i>amlodipine besylate-atorvastatin calcium</i>		<i>amoxicillin & k clavulanate for susp 200-</i>	
<i>tab 5-80 mg</i>	36	<i>28.5 mg/5ml</i>	27
<i>amlodipine besylate-benazepril hcl cap 10-</i>		<i>amoxicillin & k clavulanate for susp 250-</i>	
<i>20 mg</i>	31	<i>62.5 mg/5ml</i>	27
<i>amlodipine besylate-benazepril hcl cap 10-</i>		<i>amoxicillin & k clavulanate for susp 400-57</i>	
<i>40 mg</i>	31	<i>mg/5ml</i>	27
<i>amlodipine besylate-benazepril hcl cap 2.5-</i>		<i>amoxicillin & k clavulanate for susp 600-</i>	
<i>10 mg</i>	31	<i>42.9 mg/5ml</i>	27
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>amoxicillin & k clavulanate tab 250-125 mg</i>	
<i>10 mg</i>	31	.....	27
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>amoxicillin & k clavulanate tab 500-125 mg</i>	
<i>20 mg</i>	31	.....	27
<i>amlodipine besylate-benazepril hcl cap 5-</i>		<i>amoxicillin & k clavulanate tab 875-125 mg</i>	
<i>40 mg</i>	31	.....	27
<i>amlodipine besylate-olmesartan</i>		<i>amoxicillin & k clavulanate tab er 12hr 1000-</i>	
<i>medoxomil tab 10-20 mg</i>	32	<i>62.5 mg</i>	27
		<i>amphetamine</i>	44

<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	44	ARALAST NP.....	75
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	44	ARANESP ALBUMIN FREE.....	65
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	45	ARAZLO.....	79
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	45	ARICEPT.....	39
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	45	<i>aripiprazole</i>	42
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	45	ARISTADA.....	42
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	45	ARISTADA INITIO.....	42
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	45	<i>armodafinil</i>	48
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	45	ARNUITY ELLIPTA.....	78
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	45	<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	67
<i>amphetamine-dextroamphetamine tab 10 mg</i>	45	<i>atazanavir sulfate</i>	23
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	45	AELVIA.....	55
<i>amphetamine-dextroamphetamine tab 15 mg</i>	45	<i>atenolol</i>	35
<i>amphetamine-dextroamphetamine tab 20 mg</i>	45	<i>atenolol & chlorthalidone tab 100-25 mg</i> ..	35
<i>amphetamine-dextroamphetamine tab 30 mg</i>	45	<i>atenolol & chlorthalidone tab 50-25 mg</i> ...	35
<i>amphetamine-dextroamphetamine tab 5 mg</i>	45	<i>atomoxetine hcl</i>	45
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	45	<i>atorvastatin calcium</i>	34
<i>ampicillin</i>	27	<i>atovaquone-proguanil hcl tab 250-100 mg</i>	23
<i>ampicillin sodium</i>	27	<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	23
<i>anagrelide hcl</i>	66	ATROVENT HFA.....	76
<i>anastrozole</i>	28	AUGMENTIN SUS 125/5ML.....	27
ANNOVERA MIS.....	56	AUGMENTIN SUS 250/5ML.....	27
ANORO ELLIPT AER 62.5-25.....	76	AUGMENTIN SUS ES-600.....	27
<i>aprepitant</i>	61	AUGMENTIN TAB 500MG.....	27
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	61	AUGTYRO.....	29
APRETUDE.....	23	AURYXIA.....	60
		AUSTEDO.....	47
		AUVELITY TAB 45-105MG.....	40
		AUVI-Q.....	76
		<i>avanafil</i>	64
		AVODART.....	64
		AVONEX.....	47
		AVONEX PEN.....	47
		AVSOLA.....	67
		<i>azacitidine</i>	28
		<i>azathioprine</i>	72
		<i>azelaic acid</i>	82
		<i>azelastine hcl</i>	76
		<i>azelastine hcl (ophth)</i>	74
		<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	76

<i>azithromycin</i>	25	<i>betamethasone valerate</i>	81
AZSTARYS CAP 26.1-5.2.....	45	BETASERON	47
AZSTARYS CAP 39.2-7.8	45	<i>bethanechol chloride</i>	64
AZSTARYS CAP 52.3-10.....	45	BETIMOL	75
AZULFIDINE	62	BETOPTIC-S.....	75
AZULFIDINE EN-TABS.....	62	BEVESPI AER 9-4.8MCG.....	76
B		<i>bexarotene</i>	30
<i>bacitracin (ophthalmic)</i>	73	<i>bicalutamide</i>	28
<i>bacitracin-polymyxin b ophth oint</i>	73	BIKTARVY TAB	24
<i>bacitracin-polymyxin-neomycin-hc ophth</i> <i>oint 1%</i>	73	BIMZELX.....	69
<i>baclofen</i>	48	<i>bismuth subcit-metronidazole-tetracycline</i> <i>cap 140-125-125 mg</i>	64
BAFIERTAM	47	<i>bisoprolol & hydrochlorothiazide tab 10-</i> <i>6.25 mg</i>	35
<i>balsalazide disodium</i>	62	<i>bisoprolol & hydrochlorothiazide tab 2.5-</i> <i>6.25 mg</i>	35
BAQSIMI ONE PACK.....	58	<i>bisoprolol & hydrochlorothiazide tab 5-6.25</i> <i>mg</i>	35
BAQSIMI TWO PACK.....	58	<i>bisoprolol fumarate</i>	35
BASAGLAR KWIKPEN	52	BONSITY.....	55
BD ULTRAFINE INSULIN SYRINGES.....	57	<i>bortezomib</i>	31
BD ULTRAFINE NEEDLES	57	<i>bosentan</i>	38
BELBUCA.....	22	BOSULIF	29
BELSOMRA	46	BRAFTOVI	29
<i>benazepril & hydrochlorothiazide tab 10-</i> <i>12.5 mg</i>	31	BREO ELLIPTA INH 100-25	78
<i>benazepril & hydrochlorothiazide tab 20-</i> <i>12.5 mg</i>	31	BREO ELLIPTA INH 200-25	78
<i>benazepril & hydrochlorothiazide tab 20-25</i> <i>mg</i>	31	BREO ELLIPTA INH 50-25MCG	78
<i>benazepril & hydrochlorothiazide tab 5-</i> <i>6.25 mg</i>	31	<i>Breyna</i>	78
<i>benazepril hcl</i>	32	BREZTRI AERO AER SPHERE	76
<i>bendamustine hcl</i>	28	<i>brimonidine tartrate</i>	75
BENEFIX	66	<i>brimonidine tartrate (topical)</i>	82
BENZAC AC WASH	79	<i>brimonidine tartrate-timolol maleate ophth</i> <i>soln 0.2-0.5%</i>	75
BENZAMYCIN GEL 5-3%	79	<i>brinzolamide</i>	75
<i>benzonatate</i>	77	BRIUMVI	47
<i>benzoyl peroxide</i>	79	BRIVIACT.....	43
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	79	<i>bromfenac sodium (ophth)</i>	74
<i>benztropine mesylate</i>	41	<i>bromocriptine mesylate</i>	41
<i>bepotastine besilate</i>	74	BRUKINSA.....	29
BESIVANCE.....	73	BRYHALI.....	81
BESREMI	31	BRYNOVIN	51
<i>betaine powder for oral solution</i>	60	<i>budesonide</i>	62
<i>betamethasone dipropionate (topical)</i>	81	<i>budesonide (inhalation)</i>	78
<i>betamethasone dipropionate augmented</i> 81			

<i>budesonide-formoterol fumarate dihyd</i>		<i>calcium acetate (phosphate binder)</i>	60
<i>aerosol 160-4.5 mcg/act</i>	78	CALQUENCE	29
<i>budesonide-formoterol fumarate dihyd</i>		<i>candesartan cilexetil</i>	33
<i>aerosol 80-4.5 mcg/act</i>	78	<i>candesartan cilexetil-hydrochlorothiazide</i>	
<i>bumetanide</i>	37	<i>tab 16-12.5 mg</i>	32
<i>buprenorphine</i>	22	<i>candesartan cilexetil-hydrochlorothiazide</i>	
<i>buprenorphine hcl-naloxone hcl sl film 12-3</i>		<i>tab 32-12.5 mg</i>	33
<i>mg (base equiv)</i>	49	<i>candesartan cilexetil-hydrochlorothiazide</i>	
<i>buprenorphine hcl-naloxone hcl sl film 2-</i>		<i>tab 32-25 mg</i>	33
<i>0.5 mg (base equiv)</i>	48	<i>capecitabine</i>	28
<i>buprenorphine hcl-naloxone hcl sl film 4-1</i>		<i>captopril</i>	32
<i>mg (base equiv)</i>	49	<i>carbamazepine</i>	43
<i>buprenorphine hcl-naloxone hcl sl film 8-2</i>		CARBATROL	43
<i>mg (base equiv)</i>	49	<i>carbidopa & levodopa orally disintegrating</i>	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5</i>		<i>tab 10-100 mg</i>	41
<i>mg (base equiv)</i>	49	<i>carbidopa & levodopa orally disintegrating</i>	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2</i>		<i>tab 25-100 mg</i>	41
<i>mg (base equiv)</i>	49	<i>carbidopa & levodopa orally disintegrating</i>	
<i>bupropion hcl</i>	40	<i>tab 25-250 mg</i>	41
<i>bupropion hcl (smoking deterrent)</i>	49	<i>carbidopa & levodopa tab 10-100 mg</i>	41
<i>bupirone hcl</i>	39	<i>carbidopa & levodopa tab 25-100 mg</i>	41
BYDUREON BCISE	51	<i>carbidopa & levodopa tab 25-250 mg</i>	41
BYETTA	51	<i>carbidopa & levodopa tab er 25-100 mg</i> ..	41
BYOOVIZ	75	<i>carbidopa & levodopa tab er 50-200 mg</i> ..	41
C		<i>carbidopa-levodopa-entacapone tabs 12.5-</i>	
CABENUVA SUS 400-600	24	<i>50-200 mg</i>	41
CABENUVA SUS 600-900	24	<i>carbidopa-levodopa-entacapone tabs</i>	
<i>cabergoline</i>	60	<i>18.75-75-200 mg</i>	41
CABOMETYX	29	<i>carbidopa-levodopa-entacapone tabs 25-</i>	
CADUET TAB 10-10MG	36	<i>100-200 mg</i>	41
CADUET TAB 10-20MG	36	<i>carbidopa-levodopa-entacapone tabs</i>	
CADUET TAB 10-40MG	36	<i>31.25-125-200 mg</i>	41
CADUET TAB 10-80MG	36	<i>carbidopa-levodopa-entacapone tabs 37.5-</i>	
CADUET TAB 5-10MG	36	<i>150-200 mg</i>	41
CADUET TAB 5-20MG	36	<i>carbidopa-levodopa-entacapone tabs 50-</i>	
CADUET TAB 5-40MG	36	<i>200-200 mg</i>	41
CADUET TAB 5-80MG	36	CARDURA	64
<i>calcipotriene</i>	80	<i>carglumic acid</i>	61
<i>calcipotriene-betamethasone dipropionate</i>		<i>carisoprodol</i>	48
<i>oint 0.005-0.064%</i>	80	<i>carvedilol</i>	35
<i>calcipotriene-betamethasone dipropionate</i>		<i>carvedilol phosphate</i>	35
<i>susp 0.005-0.064%</i>	80	CASODEX	28
<i>calcitonin (salmon)</i>	55	<i>cefadroxil</i>	25
<i>calcitriol</i>	61	<i>cefdinir</i>	25

<i>cefixime</i>	25	<i>clindamycin palmitate hydrochloride</i>	26
<i>cefprozil</i>	25	<i>clindamycin phosphate</i>	26
<i>cefuroxime axetil</i>	25	<i>clindamycin phosphate (topical)</i>	79
<i>cefuroxime sodium</i>	25	<i>clindamycin phosphate-benzoyl peroxide</i>	
<i>celecoxib</i>	21	<i>gel 1.2-2.5%</i>	79
CELEXA	40	<i>clindamycin phosphate-benzoyl peroxide</i>	
<i>cephalexin</i>	25	<i>gel 1.2-3.75%</i>	79
CERDELGA.....	59	<i>clindamycin phosphate-benzoyl peroxide</i>	
CEREZYME.....	59	<i>gel 1-5%</i>	79
<i>cetorelix acetate</i>	58	<i>clindamycin phosphate in d5w iv soln 300</i>	
<i>cevimeline hcl</i>	82	<i>mg/50ml</i>	26
<i>chloramphenicol sodium succinate</i>	26	<i>clindamycin phosphate in d5w iv soln 600</i>	
<i>chlorprocaine hcl</i>	23	<i>mg/50ml</i>	26
<i>chloroquine phosphate</i>	23	<i>clindamycin phosphate in d5w iv soln 900</i>	
<i>chlorpromazine hcl</i>	42	<i>mg/50ml</i>	27
<i>chlorthalidone</i>	37	<i>clindamycin phosphate-tretinoin gel 1.2-</i>	
<i>chlorzoxazone</i>	48	<i>0.025%</i>	79
<i>cholestyramine</i>	34	<i>clindamycin phosphate vaginal</i>	65
<i>cholestyramine light</i>	34	<i>clindamycin phosph-benzoyl peroxide</i>	
<i>choline fenofibrate</i>	34	<i>(refrig) gel 1.2 (1)-5%</i>	79
CIBINQO.....	80	<i>clobazam</i>	43
<i>ciclopirox</i>	80	<i>clobetasol propionate</i>	81
<i>ciclopirox olamine</i>	80	<i>clobetasol propionate emollient base</i>	81
<i>cilostazol</i>	66	<i>clobetasol propionate emulsion</i>	81
CILOXAN	73	<i>clomiphene citrate</i>	58
CIMDUO TAB 300-300	24	<i>clomipramine hcl</i>	39
<i>cimetidine</i>	62	<i>clonazepam</i>	43
<i>cimetidine hcl</i>	62	<i>clonidine</i>	37
CIMZIA.....	69	<i>clonidine hcl</i>	37
CIMZIA STARTER KIT	69	<i>clonidine hcl (adhd)</i>	45
<i>cinacalcet hcl</i>	55	<i>clonidine hcl (analgesia)</i>	21
CIPRO	25	<i>clopidogrel bisulfate</i>	67
<i>ciprofloxacin</i>	25	<i>clotrimazole</i>	82
<i>ciprofloxacin 200 mg/100ml in d5w</i>	26	<i>clotrimazole (topical)</i>	80
<i>ciprofloxacin 400 mg/200ml in d5w</i>	26	<i>clozapine</i>	42
<i>ciprofloxacin-dexamethasone otic susp</i>		CLOZARIL.....	42
<i>0.3-0.1%</i>	82	<i>colchicine</i>	21
<i>ciprofloxacin hcl</i>	26	<i>colesevelam hcl</i>	34
<i>ciprofloxacin hcl (ophth)</i>	74	COLESTID	34
<i>citalopram hydrobromide</i>	40	<i>colestipol hcl</i>	34
<i>clarithromycin</i>	25	COMBIPATCH DIS	59
<i>clemastine fumarate</i>	76	COREG.....	35
CLIMARA PRO DIS WEEKLY	59	CORGARD	35
<i>clindamycin hcl</i>	26	CORTEF	58

CORTIFOAM	62	DAYVIGO.....	46
COSENTYX	68, 69, 70	<i>decitabine</i>	28
COSENTYX SENSOREADY PEN....	68, 69, 70	<i>deferasirox</i>	55
COSENTYX UNOREADY	68, 69, 70	<i>deferiprone</i>	55
CREON CAP 12000UNT	63	<i>deferoxamine mesylate</i>	55
CREON CAP 24000UNT	63	DESCOVY TAB 120-15MG	24
CREON CAP 3000UNIT.....	63	DESCOVY TAB 200/25MG	24
CREON CAP 36000UNT	63	<i>desipramine hcl</i>	40
CREON CAP 6000UNIT.....	63	<i>desmopressin acetate</i>	61
CREXONT CAP 35-140MG	41	<i>desmopressin acetate spray</i>	61
CREXONT CAP 52.5-210	41	<i>desmopressin acetate spray refrigerated</i> .	61
CREXONT CAP 70-280MG	41	<i>desogest-eth estrad & eth estrad tab 0.15-</i>	
CREXONT CAP 87.5-350.....	41	<i>0.02/0.01 mg(21/5)</i>	56
CRINONE.....	60	<i>desogestrel & ethinyl estradiol tab 0.15 mg-</i>	
<i>cromolyn sodium</i>	77	<i>30 mcg</i>	56
<i>cromolyn sodium (ophth)</i>	74	<i>desonide</i>	81
CUTAQUIG	72	<i>desoximetasone</i>	81
<i>cyanocobalamin</i>	73	<i>desvenlafaxine succinate</i>	40
<i>cyclobenzaprine hcl</i>	48	DETROL	64
<i>cyclophosphamide</i>	28	<i>dexamethasone</i>	58
<i>cycloserine</i>	25	<i>dexamethasone sodium phosphate</i>	58
<i>cyclosporine</i>	72	<i>dexamethasone sodium phosphate (ophth)</i>	
<i>cyclosporine (ophth)</i>	75	.....	74
<i>cyclosporine modified (for microemulsion)</i>		DEXCOM CONTINUOUS GLUCOSE	
.....	72	MONITORING SYSTEM	57
<i>cyproheptadine hcl</i>	76	<i>dexlansoprazole</i>	63
CYSTAGON.....	60	<i>dexmethylphenidate hcl</i>	45
D		<i>dextroamphetamine sulfate</i>	45
D.H.E. 45.....	46	<i>diazepam</i>	43
<i>dabigatran etexilate mesylate</i>	65	<i>diazepam (anticonvulsant)</i>	43
<i>dalfampridine</i>	47	<i>dichlorphenamide</i>	37
<i>danazol</i>	57	<i>diclofenac sodium</i>	21
<i>dantrolene sodium</i>	48	<i>diclofenac sodium (ophth)</i>	74
<i>dapagliflozin</i>	54	<i>diclofenac sodium (topical)</i>	21
<i>dapagliflozin free base-metformin hcl tab er</i>		<i>diclofenac w/ misoprostol tab delayed</i>	
<i>24hr 10-1000 mg</i>	53	<i>release 50-0.2 mg</i>	21
<i>dapagliflozin free base-metformin hcl tab er</i>		<i>diclofenac w/ misoprostol tab delayed</i>	
<i>24hr 5-1000 mg</i>	53	<i>release 75-0.2 mg</i>	21
<i>dapsone</i>	27	<i>dicloxacillin sodium</i>	27
<i>dapsone (topical)</i>	79	<i>dicyclomine hcl</i>	61
<i>darifenacin hydrobromide</i>	64	<i>diflorasone diacetate</i>	81
<i>darunavir</i>	23	DIFLUCAN	23
<i>dasatinib</i>	29	<i>diflunisal</i>	22
DAXXIFY	46	<i>difluprednate</i>	74

<i>digoxin</i>	37	<i>drosiprenone-ethinyl estrad-levomefolate</i>	
<i>dihydroergotamine mesylate</i>	46	<i>tab 3-0.02-0.451 mg</i>	56
DILANTIN	43	<i>drosiprenone-ethinyl estrad-levomefolate</i>	
DILANTIN-125	43	<i>tab 3-0.03-0.451 mg</i>	56
DILANTIN INFATABS	43	<i>droxidopa</i>	37
<i>diltiazem hcl</i>	36	DUAVEE TAB 0.45-20	59
<i>diltiazem hcl coated beads</i>	36	DUETACT TAB 30-2MG	53
<i>diltiazem hcl extended release beads</i>	36	DUETACT TAB 30-4MG	53
<i>dimethyl fumarate</i>	47	<i>duloxetine hcl</i>	40
<i>dimethyl fumarate capsule dr starter pack</i>		DUPIXENT	62, 77, 78, 80, 81, 82
120 mg & 240 mg	47	DUROLANE	22
<i>diphenoxylate w/ atropine liq 2.5-0.025</i>		<i>dutasteride</i>	64
mg/5ml	61	<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	
<i>diphenoxylate w/ atropine tab 2.5-0.025</i>		.....	64
mg	61	DYSPORT	46
<i>dipyridamole</i>	67	E	
<i>dipyridamole (diagnostic)</i>	72	EBGLYSS	80
<i>disopyramide phosphate</i>	34	<i>econazole nitrate</i>	80
<i>disulfiram</i>	39	EDLUAR	46
<i>divalproex sodium</i>	43	<i>efavirenz</i>	23
<i>donepezil hydrochloride</i>	39	<i>efavirenz-emtricitabine-tenofovir df tab</i>	
DOPTELET	67	600-200-300 mg	24
DOPTELET SPRINKLE	67	<i>efavirenz-lamivudine-tenofovir df tab 400-</i>	
<i>dorzolamide hcl</i>	75	300-300 mg	24
<i>dorzolamide hcl-timolol maleate ophth soln</i>		<i>efavirenz-lamivudine-tenofovir df tab 600-</i>	
2-0.5%	75	300-300 mg	24
<i>dorzolamide hcl-timolol maleate pf ophth</i>		<i>eletriptan hydrobromide</i>	46
soln 2-0.5%	75	ELFABRIO	59
DOVATO TAB 50-300MG	24	ELIGARD	28
<i>doxazosin mesylate</i>	64	ELIQUIS	65
<i>doxepin hcl</i>	40	ELIQUIS STARTER PACK	65
<i>doxepin hcl (sleep)</i>	46	ELOCTATE	66
<i>doxercalciferol</i>	61	<i>eltrombopag olamine</i>	67
<i>doxycycline (monohydrate)</i>	27	EMBECTA ULTRAFINE INSULIN SYRINGES	
<i>doxycycline (rosacea)</i>	82	.....	57
<i>doxycycline hyclate</i>	27	EMBECTA ULTRAFINE NEEDLES	57
<i>doxylamine-pyridoxine tab delayed release</i>		EMGALITY	46
10-10 mg	61	EMPAVELI	66
<i>dronabinol</i>	61	<i>emtricitabine</i>	23
<i>drosiprenone-ethinyl estradiol tab 3-0.02</i>		<i>emtricitabine- rilpivirine-tenofovir df tab</i>	
mg	56	200-25-300 mg	24
<i>drosiprenone-ethinyl estradiol tab 3-0.03</i>		<i>emtricitabine-tenofovir disoproxil fumarate</i>	
mg	56	<i>tab 100-150 mg</i>	24

<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	24	<i>eslicarbazepine acetate</i>	43
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	24	<i>esomeprazole magnesium</i>	63
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	24	<i>esomeprazole sodium</i>	63
EMVERM.....	23	ESPEROCT	66
<i>enalaprilat</i>	32	ESTRACE.....	59
<i>enalapril maleate</i>	32	<i>estradiol</i>	59
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	31	<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	59
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	31	<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	59
ENBREL	67, 68, 70, 71	<i>estradiol vaginal</i>	59
ENBREL MINI	68, 70, 71	ESTRING.....	59
ENBREL SURECLICK	68, 70, 71	<i>eszopiclone</i>	46
ENDARI	67	<i>ethacrynic acid</i>	37
ENDOMETRIN	60	<i>ethambutol hcl</i>	25
<i>enoxaparin sodium</i>	65	<i>ethosuximide</i>	43
ENSPRYNG	47	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	56
ENSTILAR AER	80	<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	56
<i>entacapone</i>	41	<i>etodolac</i>	21
<i>entecavir</i>	26	<i>etonogestrel-ethinyl estradiol va ring 0.12-0.015 mg/24hr</i>	56
ENTYVIO PEN	68, 71	<i>etoposide</i>	31
EPCLUSA PAK 150-37.5.....	26	<i>etravirine</i>	23
EPCLUSA PAK 200-50MG.....	26	EUCRISA.....	80
EPCLUSA TAB 200-50MG.....	26	EUFLEXXA	22
EPCLUSA TAB 400-100	26	<i>everolimus</i>	29
EPIDUO FORTE GEL 0.3-2.5%.....	79	<i>everolimus (immunosuppressant)</i>	72
EPIDUO GEL 0.1-2.5%	79	EVISTA.....	60
<i>epinephrine</i>	38, 76	EXELON	39
<i>epinephrine (anaphylaxis)</i>	76	<i>exemestane</i>	28
EPISIL LIQ.....	82	<i>ezetimibe</i>	34
<i>eplerenone</i>	32	<i>ezetimibe-simvastatin tab 10-10 mg</i>	35
EPYSQLI.....	48, 66	<i>ezetimibe-simvastatin tab 10-20 mg</i>	35
<i>ergotamine w/ caffeine tab 1-100 mg</i>	46	<i>ezetimibe-simvastatin tab 10-40 mg</i>	35
ERIVEDGE.....	28	<i>ezetimibe-simvastatin tab 10-80 mg</i>	35
ERLEADA.....	28	F	
<i>erlotinib hcl</i>	29	FABRAZYME	59
<i>erythromycin (acne aid)</i>	79	<i>famciclovir</i>	25
<i>erythromycin (ophth)</i>	74	<i>famotidine</i>	62
<i>erythromycin base</i>	25	<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	62
<i>erythromycin ethylsuccinate</i>	25	FARXIGA	37, 54
<i>escitalopram oxalate</i>	40		

FASENRA.....	78	<i>fluticasone propionate (nasal)</i>	77
FASENRA PEN	78	<i>fluticasone propionate hfa</i>	78
<i>felodipine</i>	36	<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	78
<i>fenofibrate</i>	34	<i>fluticasone-salmeterol aer powder ba 113-14 mcg/act</i>	78
<i>fenofibrate micronized</i>	34	<i>fluticasone-salmeterol aer powder ba 232-14 mcg/act</i>	78
FENSOLVI.....	55	<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	78
<i>fentanyl</i>	21	<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	79
<i>ferric citrate</i>	60	<i>fluticasone-salmeterol aer powder ba 55-14 mcg/act</i>	78
<i>fesoterodine fumarate</i>	64	<i>fluticasone-salmeterol inhal aerosol 115-21 mcg/act</i>	79
FETZIMA.....	40	<i>fluticasone-salmeterol inhal aerosol 230-21 mcg/act</i>	79
FETZIMA CAP TITRATIO	40	<i>fluticasone-salmeterol inhal aerosol 45-21 mcg/act</i>	79
FIASP	52	<i>fluvastatin sodium</i>	34
FIASP FLEXTOUCH	52	<i>fluvoxamine maleate</i>	39
FIASP PENFILL	52	FML FORTE	74
<i>fidaxomicin</i>	25	FOCALIN	45
FILSPARI.....	64	<i>folic acid</i>	73
FINACEA.....	82	<i>folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg</i>	73
<i>finasteride</i>	64	FOLLISTIM AQ.....	58
<i>ingolimod hcl</i>	47	<i>fondaparinux sodium</i>	65
<i>flecainide acetate</i>	34	<i>formoterol fumarate</i>	76
FLOMAX	64	FOSAMAX	55
<i>fluconazole</i>	23	<i>fosamprenavir calcium</i>	23
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	23	<i>fosinopril sodium</i>	32
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	23	<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	31
<i>fludrocortisone acetate</i>	58	<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	31
<i>flunisolide (nasal)</i>	77	FREESTYLE LIBRE CONTINUOUS GLUCOSE MONITORING SYSTEM	57
<i>fluocinolone acetonide</i>	81	FULPHILA.....	65
<i>fluocinonide</i>	81	<i>furosemide</i>	37
<i>fluocinonide emulsified base</i>	81	G	
<i>fluorometholone (ophth)</i>	74	<i>gabapentin</i>	43
<i>fluorouracil (topical)</i>	79	<i>gabapentin (once-daily)</i>	49
<i>fluoxetine hcl</i>	40		
<i>fluoxetine hcl (pmdd)</i>	49		
<i>fluphenazine decanoate</i>	42		
<i>fluphenazine hcl</i>	42		
<i>fluticasone furoate (inhalation)</i>	78		
<i>fluticasone furoate-vilanterol aero powd ba 100-25 mcg/act</i>	78		
<i>fluticasone furoate-vilanterol aero powd ba 200-25 mcg/act</i>	78		
<i>fluticasone propionate</i>	81		
<i>fluticasone propionate (inhalation)</i>	78		

GALAFOLD.....	59	HUMALOG.....	52
<i>galantamine hydrobromide</i>	39	HUMALOG KWIKPEN	52
GANIRELIX ACETATE	58	HUMALOG MIX INJ 50/50KWP	52
GAVRETO	29	HUMALOG MIX INJ 75/25KWP	52
<i>gefitinib</i>	29	HUMALOG MIX SUS 75/25	52
GELNIQUE	64	HUMATROPE	59
GELSYN-3	23	HUMULIN INJ 70/30	52
<i>gemfibrozil</i>	34	HUMULIN INJ 70/30KWP.....	52
GEMTESA.....	64	HUMULIN N.....	52
<i>gentamicin sulfate (ophth)</i>	74	HUMULIN N KWIKPEN	52
<i>gentamicin sulfate (topical)</i>	80	HUMULIN R.....	52
GENVOYA TAB	24	HUMULIN R U-500 (CONCENTR	52
GLASSIA	75	HUMULIN R U-500 KWIKPEN	52
<i>glatiramer acetate</i>	47	<i>hydralazine hcl</i>	38
<i>glimepiride</i>	54	<i>hydrochlorothiazide</i>	37
<i>glipizide</i>	54	<i>hydrocodone-acetaminophen soln 10-300</i> <i>mg/15ml</i>	22
<i>glipizide-metformin hcl tab 2.5-250 mg</i> ..	50	<i>hydrocodone-acetaminophen soln 10-325</i> <i>mg/15ml</i>	22
<i>glipizide-metformin hcl tab 2.5-500 mg</i> ..	50	<i>hydrocodone-acetaminophen soln 7.5-325</i> <i>mg/15ml</i>	22
<i>glipizide-metformin hcl tab 5-500 mg</i>	50	<i>hydrocodone-acetaminophen tab 10-300</i> <i>mg</i>	22
<i>glucagon</i>	58	<i>hydrocodone-acetaminophen tab 10-325</i> <i>mg</i>	22
<i>glutamine (sickle cell)</i>	67	<i>hydrocodone-acetaminophen tab 2.5-325</i> <i>mg</i>	22
<i>glycerol phenylbutyrate</i>	61	<i>hydrocodone-acetaminophen tab 5-300</i> <i>mg</i>	22
GLYXAMBI TAB 10-5 MG	54	<i>hydrocodone-acetaminophen tab 5-325</i> <i>mg</i>	22
GLYXAMBI TAB 25-5 MG	54	<i>hydrocodone-acetaminophen tab 7.5-300</i> <i>mg</i>	22
GOMEKLI.....	29	<i>hydrocodone-acetaminophen tab 7.5-325</i> <i>mg</i>	22
GRALISE	49	<i>hydrocodone bitart-homatropine</i> <i>methylbromide tab 5-1.5 mg</i>	77
<i>granisetron hcl</i>	62	<i>hydrocodone bitartrate</i>	22
GRASTEK.....	67	<i>hydrocortisone</i>	58
<i>griseofulvin ultramicrosize</i>	23	<i>hydrocortisone (intrarectal)</i>	62
<i>guanfacine hcl</i>	38	<i>hydrocortisone (rectal)</i>	64
<i>guanfacine hcl (adhd)</i>	45	<i>hydrocortisone (topical)</i>	81
GVOKE HYPOPEN 1-PACK	58	<i>hydrocortisone butyrate</i>	81
GVOKE HYPOPEN 2-PACK.....	58		
GVOKE KIT	58		
GVOKE PFS	58		
H			
<i>halobetasol propionate</i>	81		
<i>haloperidol</i>	42		
<i>haloperidol decanoate</i>	42		
<i>haloperidol lactate</i>	42		
HARVONI PAK	26		
HARVONI PAK 45-200MG.....	26		
HARVONI TAB 45-200MG.....	26		
HARVONI TAB 90-400MG.....	26		

<i>hydrocortisone butyrate hydrophilic lipo base</i>	81	INSULIN LISPRO JUNIOR KWI	52
<i>hydrocortisone valerate</i>	81	INSULIN LISPRO KWIKPEN	52
<i>hydromorphone hcl</i>	22	INVEGA HAFYERA	42
<i>hydroxychloroquine sulfate</i>	23, 72	INVEGA SUSTENNA.....	42
<i>hydroxyprogesterone caproate</i>	60	INVEGA TRINZA	42
<i>hydroxyurea</i>	30	INVOKAMET TAB 150-1000	53
<i>hydroxyzine hcl</i>	76	INVOKAMET TAB 150-500	53
HYRIMOZ.....	68, 69, 70, 71	INVOKAMET TAB 50-1000	53
HYRIMOZ-PLAQ INJ PSORIASI	68, 69, 71	INVOKAMET TAB 50-500MG	53
HYRIMOZ SENSOREADY PENS	68, 69, 71	INVOKAMET XR TAB 150-1000.....	53
I		INVOKAMET XR TAB 150-500	53
<i>ibandronate sodium</i>	55	INVOKAMET XR TAB 50-1000	53
IBRANCE	29	INVOKAMET XR TAB 50-500MG	53
IBTROZI	29	INVOKANA.....	54
<i>ibuprofen</i>	21	<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	76
<i>ibuprofen-famotidine tab 800-26.6 mg</i>	21	<i>ipratropium bromide</i>	76
<i>ibuprofen lysine</i>	21	<i>ipratropium bromide (nasal)</i>	76
<i>icatibant acetate</i>	72	IQIRVO	63
<i>icosapent ethyl</i>	35	<i>irbesartan</i>	33
ILEVRO.....	74	<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	33
ILUMYA.....	67	<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	33
<i>imatinib mesylate</i>	29	ISENTRESS.....	24
<i>imipramine hcl</i>	40	ISENTRESS HD	24
<i>imiquimod</i>	80	<i>isoniazid</i>	25
IMITREX.....	46	<i>isosorbide dinitrate</i>	38
IMITREX STATDOSE REFILL.....	46	<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	37
IMITREX STATDOSE SYSTEM.....	47	<i>isosorbide mononitrate</i>	38
IMVEXXY MAINTENANCE PACK.....	59	<i>isotretinoin</i>	79
IMVEXXY STARTER PACK.....	59	<i>itraconazole</i>	23
INBRIJA	41	<i>ivabradine hcl</i>	37
INCRUSE ELLIPTA.....	76	<i>ivermectin</i>	23
<i>indapamide</i>	37	<i>ivermectin (pediculicide)</i>	82
INGREZZA	47	<i>ivermectin (rosacea)</i>	82
INGREZZA CAP 40-80MG	47	J	
INLYTA.....	29	JAKAFI	29, 31
INPEFA.....	37	JANUMET TAB 50-1000	50
INS ASP PROT INJ FLEXPEN.....	52	JANUMET TAB 50-500MG	50
INSULIN ASPA INJ 70/30	52	JANUMET XR TAB 100-1000	50
INSULIN ASPART	52	JANUMET XR TAB 50-1000	50
INSULIN ASPART FLEXPEN.....	52	JANUMET XR TAB 50-500MG	50
INSULIN ASPART PENFILL	52		
INSULIN LISP INJ PROT KWP	52		
INSULIN LISPRO.....	52		

JANUVIA	51	<i>lamotrigine tab 25 mg (42) & 100 mg (7)</i>	
JARDIANCE	37, 54	<i>starter kit</i>	43
JENTADUETO TAB 2.5-1000.....	50	<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg</i>	
JENTADUETO TAB 2.5-500	50	<i>starter kit</i>	43
JENTADUETO TAB 2.5-850	50	<i>lamotrigine tab disint 21 x 25 mg & 7 x 50</i>	
JENTADUETO TAB XR	50	<i>mg titration kit</i>	43
JIVI	66	<i>lamotrigine tab disint 25 (14) & 50 mg (14) &</i>	
K		<i>100 mg (7) kit</i>	43
KANJINTI.....	28	<i>lamotrigine tab disint 42 x 50mg & 14 x</i>	
KAZANO 12.5- TAB 1000MG	50	<i>100mg titration kit</i>	43
KAZANO 12.5- TAB 500MG.....	50	<i>lansoprazole</i>	63
<i>kcl 20 meq/l (0.149%) in nacl 0.45% inj</i> ...	73	<i>lanthanum carbonate</i>	60
<i>kcl 20 meq/l (0.15%) in nacl 0.9% inj</i>	73	LANTUS	52
<i>kcl 40 meq/l (0.298%) in nacl 0.9% inj</i>	73	LANTUS SOLOSTAR.....	52
KERENDIA	32	<i>lapatinib ditosylate</i>	29
KESIMPTA.....	47	LASIX	37
<i>ketoconazole (topical)</i>	80	<i>latanoprost</i>	75
<i>ketorolac tromethamine (ophth)</i>	74	<i>leflunomide</i>	72
KEVZARA	71	<i>lenalidomide</i>	28
KISQALI	29	LENVIMA 10 MG DAILY DOSE.....	29
KISQALI 200 PAK FEMARA	29	LENVIMA 12MG DAILY DOSE	29
KISQALI 400 PAK FEMARA	29	LENVIMA 20 MG DAILY DOSE	29
KISQALI 600 PAK FEMARA	29	LENVIMA 4 MG DAILY DOSE	29
KLARON	79	LENVIMA 8 MG DAILY DOSE	29
KLOXXADO	49	LENVIMA CAP 14 MG	30
KOMBIGLYZ XR TAB 2.5-1000.....	50	LENVIMA CAP 18 MG	30
KOMBIGLYZ XR TAB 5-1000MG	50	LENVIMA CAP 24 MG	30
KOMBIGLYZ XR TAB 5-500MG	50	<i>letrozole</i>	28
KOSELUGO	29	<i>leuprolide acetate</i>	29
KOVALTRY.....	66	<i>levalbuterol tartrate</i>	77
KRAZATI.....	30	LEVEMIR.....	52
KYLEENA.....	56	LEVEMIR FLEXPEN	52
L		LEVEMIR FLEXTOUCH	52
<i>labetalol hcl</i>	35	<i>levetiracetam</i>	44
<i>lacosamide</i>	43	<i>levobunolol hcl</i>	75
LACRISERT.....	75	<i>levocarnitine (metabolic modifiers)</i>	55
<i>lactic acid (ammonium lactate)</i>	81	<i>levocetirizine dihydrochloride</i>	76
<i>lactulose</i>	63	<i>levofloxacin</i>	26
<i>lactulose (encephalopathy)</i>	63	<i>levofloxacin (ophth)</i>	74
<i>lamivudine</i>	24	<i>levofloxacin in d5w iv soln 250 mg/50ml</i> .	26
<i>lamivudine (hbv)</i>	26	<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	
<i>lamivudine-zidovudine tab 150-300 mg</i> ...	24	.....	26
<i>lamotrigine</i>	43	<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	26
		<i>levoleucovorin calcium</i>	31

<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	56	<i>lopinavir-ritonavir tab 100-25 mg</i>	24
<i>levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg</i>	56	<i>lopinavir-ritonavir tab 200-50 mg</i>	24
<i>levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg</i>	56	<i>lorazepam</i>	39
<i>levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg</i>	56	<i>losartan potassium</i>	33
<i>levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg</i>	56	<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	33
<i>levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg</i>	56	<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	33
<i>levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)</i>	56	<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	33
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	56	LOTENSIN.....	32
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	56	LOTENSIN HCT TAB 10-12.5.....	31
<i>levothyroxine sodium</i>	61	LOTENSIN HCT TAB 20-12.5.....	31
<i>lidocaine</i>	81	LOTENSIN HCT TAB 20-25MG.....	31
<i>lidocaine hcl (mouth-throat)</i>	82	<i>loteprednol etabonate</i>	74
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	81	<i>lovastatin</i>	34
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	81	LOVAZA CAP 1GM.....	35
<i>linezolid</i>	27	<i>lubiprostone</i>	63
LINZESS.....	62	<i>luliconazole</i>	80
<i>liothyronine sodium</i>	61	LUMAKRAS.....	30
<i>liraglutide</i>	51	LUMIGAN.....	75
<i>liraglutide (weight management)</i>	54	LUMRYZ.....	48
<i>lisdexamfetamine dimesylate</i>	45	LUMRYZ PAK STARTER.....	48
<i>lisinopril</i>	32	LUPRON DEPOT-PED (1-MONTH.....	55
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	31	LUPRON DEPOT-PED (3-MONTH.....	55
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	31	LUPRON DEPOT-PED (6-MONTH.....	55
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	31	<i>lurasidone hcl</i>	42
LITFULO.....	67	LYNPARZA.....	30
<i>lithium carbonate</i>	47	LYUMJEV.....	52
LOKELMA.....	60	LYUMJEV KWIKPEN.....	52
LO LOESTRIN TAB 1-10-10.....	56	LYVISPAH.....	48
LONSURF TAB 15-6.14.....	28	M	
LONSURF TAB 20-8.19.....	28	<i>malathion</i>	82
<i>loperamide hcl</i>	61	<i>maraviroc</i>	24
LOPID.....	34	MARINOL.....	62
		MAXIDEX.....	74
		MAXITROL OIN 0.1% OP.....	73
		MAXITROL SUS 0.1% OP.....	73
		MAYZENT.....	47
		MAYZENT STARTER PACK.....	47
		<i>meclizine hcl</i>	62
		MEDROL.....	58
		MEDROL DOSEPAK.....	58
		<i>medroxyprogesterone acetate</i>	60

<i>medroxyprogesterone acetate (contraceptive)</i>	56	<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	35
<i>mefloquine hcl</i>	23	<i>metoprolol succinate</i>	35
<i>megestrol acetate</i>	29, 60	<i>metoprolol tartrate</i>	36
<i>megestrol acetate (appetite)</i>	60	METROCREAM	82
MEKINIST	30	METROGEL	82
MEKTOVI	30	<i>metronidazole</i>	27
<i>meloxicam</i>	21	<i>metronidazole (topical)</i>	82
<i>melphalan hcl</i>	28	<i>metronidazole vaginal</i>	65
<i>memantine hcl</i>	39	<i>midodrine hcl</i>	38
<i>memantine hcl-donepezil hcl cap er 24hr 14-10 mg</i>	39	MIEBO	75
<i>memantine hcl-donepezil hcl cap er 24hr 21-10 mg</i>	39	<i>mifepristone (hyperglycemia)</i>	60
<i>memantine hcl-donepezil hcl cap er 24hr 28-10 mg</i>	39	<i>miglustat</i>	59
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	39	<i>minocycline hcl</i>	28
MENOPUR	58	<i>mirabegron</i>	64
<i>mercaptopurine</i>	28	MIRENA	56
<i>mesalamine</i>	62	<i>mirtazapine</i>	40
<i>mesalamine w/ cleanser</i>	62	<i>misoprostol</i>	63
<i>metaxalone</i>	48	<i>mitoxantrone hcl</i>	28
<i>metformin hcl</i>	50	<i>modafinil</i>	48
<i>methadone hcl</i>	22	<i>mometasone furoate</i>	81
<i>methazolamide</i>	37	<i>mometasone furoate (nasal)</i>	77
<i>methimazole</i>	61	<i>montelukast sodium</i>	77
<i>methocarbamol</i>	48	<i>morphine sulfate</i>	22
<i>methotrexate sodium</i>	28, 72	<i>morphine sulfate beads</i>	22
<i>methoxsalen rapid</i>	80	MOTEGRITY	63
<i>methylergonovine maleate</i>	60	MOUNJARO	51
METHYLIN	45	MOVANTIK	63
<i>methylphenidate</i>	45	<i>moxifloxacin hcl</i>	26
<i>methylphenidate hcl</i>	45	<i>moxifloxacin hcl (ophth)</i>	74
<i>methylprednisolone</i>	58	<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	26
<i>methylprednisolone acetate</i>	58	MUGARD LIQ	82
<i>methylprednisolone sod succ</i>	58	MULTAQ	34
<i>metoclopramide hcl</i>	62	<i>multivitamins</i>	73
<i>metolazone</i>	37	<i>mupirocin</i>	80
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	35	<i>mycophenolate mofetil</i>	72
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	35	<i>mycophenolate mofetil hcl</i>	72
		<i>mycophenolate sodium</i>	72
		MYFEMBREE TAB	61
		MYSOLINE	44
		N	
		<i>nabumetone</i>	21
		<i>nadolol</i>	36

<i>naftifine hcl</i>	80	<i>nitroglycerin</i>	38
<i>naloxone hcl</i>	49	NITROLINGUAL	38
<i>naltrexone hcl</i>	49	NITROSTAT	38
NAMZARIC CAP	39	NIVESTYM.....	65
NAMZARIC CAP 14-10MG	39	NORDITROPIN FLEXPEN.....	59
NAMZARIC CAP 21-10MG.....	39	<i>norelgestromin-ethinyl estradiol td ptwk</i>	
NAMZARIC CAP 28-10MG.....	39	<i>150-35 mcg/24hr</i>	56
NAMZARIC CAP 7-10MG	39	<i>norethindrone (contraceptive)</i>	57
<i>naproxen</i>	21	<i>norethindrone & ethinyl estradiol-fe chew</i>	
<i>naproxen sodium</i>	21	<i>tab 0.4 mg-35 mcg</i>	56
<i>naratriptan hcl</i>	47	<i>norethindrone & ethinyl estradiol-fe chew</i>	
NATAZIA TAB	56	<i>tab 0.8 mg-25 mcg</i>	56
<i>nateglinide</i>	53	<i>norethindrone ace & ethinyl estradiol-fe tab</i>	
NATESTO	49	<i>1.5 mg-30 mcg</i>	57
<i>nebivolol hcl</i>	36	<i>norethindrone ace & ethinyl estradiol-fe tab</i>	
NEMLUVIO.....	80, 82	<i>1 mg-20 mcg</i>	57
<i>neomycin-polymy-gramicid op sol 1.75-</i>		<i>norethindrone ace & ethinyl estradiol tab 1.5</i>	
<i>10000-0.025mg-unt-mg/ml</i>	74	<i>mg-30 mcg</i>	57
<i>neomycin-polymyxin-dexamethasone</i>		<i>norethindrone ace & ethinyl estradiol tab 1</i>	
<i>ophth oint 0.1%</i>	73	<i>mg-20 mcg</i>	57
<i>neomycin-polymyxin-dexamethasone</i>		<i>norethindrone ace-eth estradiol-fe chew</i>	
<i>ophth susp 0.1%</i>	73	<i>tab 1 mg-20 mcg (24)</i>	57
<i>neomycin-polymyxin-hc ophth susp</i>	73	<i>norethindrone ace-ethinyl estradiol-fe cap 1</i>	
<i>neomycin-polymyxin-hc otic soln 1%</i>	82	<i>mg-20 mcg (24)</i>	57
<i>neomycin-polymyxin-hc otic susp 3.5</i>		<i>norethindrone acetate</i>	60
<i>mg/ml-10000 unit/ml-1%</i>	82	<i>norethindrone acetate-ethinyl estradiol tab</i>	
NESINA.....	51	<i>0.5 mg-2.5 mcg</i>	59
NEUPRO	41	<i>norethindrone acetate-ethinyl estradiol tab</i>	
NEURONTIN.....	44	<i>1 mg-5 mcg</i>	59
NEVANAC	74	<i>norethindrone ac-ethinyl estrad-fe tab 1-</i>	
<i>nevirapine</i>	24	<i>20/1-30/1-35 mg-mcg</i>	57
NEXLETOL.....	34	<i>norgestimate & ethinyl estradiol tab 0.25</i>	
NEXLIZET TAB 180/10MG.....	34	<i>mg-35 mcg</i>	57
NEXVIAZYME.....	59	<i>norgestimate-eth estrad tab 0.18-25/0.215-</i>	
<i>niacin (antihyperlipidemic)</i>	35	<i>25/0.25-25 mg-mcg</i>	57
<i>niacinamide w/ zn-cu-methylfol-se-cr tab</i>		<i>norgestimate-eth estrad tab 0.18-35/0.215-</i>	
<i>750-27-2-0.5 mg</i>	73	<i>35/0.25-35 mg-mcg</i>	57
<i>nifedipine</i>	36	<i>nortriptyline hcl</i>	40
<i>nilotinib hcl</i>	30	NOVOEIGHT	66
NINLARO	31	NOVOLIN INJ 70/30.....	52
<i>nitisinone</i>	58	NOVOLIN INJ 70/30 FP	52
<i>nitrofurantoin</i>	27	NOVOLIN N	52
<i>nitrofurantoin macrocrystal</i>	27	NOVOLIN N FLEXPEN	52
<i>nitrofurantoin monohyd macro</i>	27	NOVOLIN R	52

NOVOLIN R FLEXPEN.....	52	<i>olopatadine hcl</i>	74
NOVOLOG.....	52	<i>olopatadine hcl (nasal)</i>	76
NOVOLOG FLEXPEN.....	52	OLUMIANT.....	67
NOVOLOG MIX INJ 70/30.....	52	<i>omega-3-acid ethyl esters cap 1 gm</i>	35
NOVOLOG MIX INJ FLEXPEN.....	53	<i>omeprazole</i>	63
NOVOLOG PENFILL.....	53	OMNIPOD 5 INSULIN INFUSION PUMP....	57
NOVOSEVEN RT.....	65	OMNIPOD DASH INSULIN INFUSION PUMP	
NUBEQA.....	29	.....	57
NUCALA.....	77, 78	OMNIPOD INSULIN INFUSION PUMP.....	57
NUDEXTA CAP 20-10MG.....	49	<i>ondansetron</i>	62
NURTEC.....	46	<i>ondansetron hcl</i>	62
NUWIQ.....	66	ONGLYZA.....	51
<i>nystatin</i>	23	ONZETRA XSAIL.....	47
<i>nystatin (mouth-throat)</i>	82	OPSUMIT.....	38
<i>nystatin (topical)</i>	80	OPSYNVI TAB 10-20MG.....	38
NYVEPRIA.....	65	OPSYNVI TAB 10-40MG.....	38
o		OPZELURA.....	80
OCREVUS.....	47	ORALAIR SUB 300 IR.....	67
<i>octreotide acetate</i>	49	ORENCIA.....	71
OCUFLOX.....	74	ORENCIA CLICKJECT.....	71
ODACTRA SUB.....	67	ORENITRAM.....	38
ODEFSEY TAB.....	24	ORENITRAM TAB MONTH 1.....	38
ODOMZO.....	30	ORENITRAM TAB MONTH 2.....	38
OFEV.....	77	ORENITRAM TAB MONTH 3.....	38
<i>ofloxacin (ophth)</i>	74	ORFADIN.....	59
<i>ofloxacin (otic)</i>	82	ORIAHNN CAP.....	61
<i>olanzapine</i>	42	ORLISSA.....	57
<i>olmesartan-amlodipine-</i>		ORLADEYO.....	72
<i>hydrochlorothiazide tab 20-5-12.5 mg</i> ..	33	<i>orlistat</i>	54
<i>olmesartan-amlodipine-</i>		<i>orphenadrine w/ aspirin & caffeine tab 25-</i>	
<i>hydrochlorothiazide tab 40-10-12.5 mg</i> 33		385-30 mg.....	48
<i>olmesartan-amlodipine-</i>		<i>orphenadrine w/ aspirin & caffeine tab 50-</i>	
<i>hydrochlorothiazide tab 40-10-25 mg</i> ...33		770-60 mg.....	48
<i>olmesartan-amlodipine-</i>		ORTHOVISC.....	23
<i>hydrochlorothiazide tab 40-5-12.5 mg</i> ..33		<i>oseltamivir phosphate</i>	25
<i>olmesartan-amlodipine-</i>		OSENI TAB 12.5-15.....	50
<i>hydrochlorothiazide tab 40-5-25 mg</i> ....33		OSENI TAB 12.5-30.....	50
<i>olmesartan medoxomil</i>	33	OSENI TAB 12.5-45.....	50
<i>olmesartan medoxomil-</i>		OSENI TAB 25-15MG.....	50
<i>hydrochlorothiazide tab 20-12.5 mg</i>.....33		OSENI TAB 25-30MG.....	50
<i>olmesartan medoxomil-</i>		OSENI TAB 25-45MG.....	51
<i>hydrochlorothiazide tab 40-12.5 mg</i>.....33		OSENVELT.....	55
<i>olmesartan medoxomil-</i>		OSPHENA.....	60
<i>hydrochlorothiazide tab 40-25 mg</i>.....33		OSPOMYV.....	55

OTEZLA.....	69, 70	<i>pemetrexed disodium</i>	28
OTEZLA/XR TAB 28 DAY	70	<i>penicillamine</i>	55
OTEZLA TAB 10/20	70	<i>penicillin v potassium</i>	27
OTEZLA TAB 10/20/30	70	PENTASA.....	62
OTEZLA XR	70	PEPCID	62
<i>oxaprozin</i>	21	<i>perampanel</i>	44
<i>oxazepam</i>	39	<i>perindopril erbumine</i>	32
<i>oxcarbazepine</i>	44	<i>permethrin</i>	82
OXTELLAR XR	44	<i>perphenazine</i>	42
<i>oxybutynin chloride</i>	65	PHEBURANE.....	61
<i>oxycodone hcl</i>	22	<i>phenelzine sulfate</i>	40
<i>oxycodone w/ acetaminophen soln 5-325</i> <i>mg/5ml</i>	22	<i>phenobarbital</i>	44
<i>oxycodone w/ acetaminophen tab 5-325</i> <i>mg</i>	22	<i>phenobarbital sodium</i>	44
OXYTROL	65	<i>phentermine hcl-topiramate cap er 24hr</i> <i>11.25-69 mg</i>	54
OZEMPIC.....	51	<i>phentermine hcl-topiramate cap er 24hr 15-</i> <i>92 mg</i>	54
P		<i>phentermine hcl-topiramate cap er 24hr</i> <i>3.75-23 mg</i>	54
<i>paclitaxel</i>	30	<i>phentermine hcl-topiramate cap er 24hr</i> <i>7.5-46 mg</i>	54
<i>paclitaxel protein-bound particles for iv</i> <i>susp 100 mg</i>	30	<i>phenytoin</i>	44
<i>pantoprazole sodium</i>	64	<i>phenytoin sodium</i>	44
<i>paricalcitol</i>	61	<i>phenytoin sodium extended</i>	44
PARLODEL.....	41	PHESGO SOL.....	30
<i>paroxetine hcl</i>	40	<i>pilocarpine hcl (oral)</i>	82
<i>paroxetine mesylate (vasomotor)</i>	49	<i>pimecrolimus</i>	80
PAXLOVID PAK	25	<i>pindolol</i>	36
PAXLOVID TAB 150-100.....	25	<i>pioglitazone hcl</i>	53
PAXLOVID TAB 300-100.....	25	<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	53
<i>pazopanib hcl</i>	30	<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	53
<i>pediatric multiple vitamins w/ fl-fe drops</i> <i>0.25-10 mg/ml</i>	73	<i>pioglitazone hcl-metformin hcl tab 15-500</i> <i>mg</i>	53
<i>pediatric multiple vitamins w/ fluoride chew</i> <i>tab 0.5 mg</i>	73	<i>pioglitazone hcl-metformin hcl tab 15-850</i> <i>mg</i>	53
<i>pediatric multiple vitamins w/ fluoride chew</i> <i>tab 1 mg</i>	73	PIQRAY 200MG DAILY DOSE	30
<i>pediatric multiple vitamins w/ fluoride susp</i> <i>0.5 mg/ml</i>	73	PIQRAY 250MG TAB DOSE	30
<i>pediatric multiple vitamin w/ fluoride susp</i> <i>0.25 mg/ml</i>	73	PIQRAY 300MG DAILY DOSE	30
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for</i> <i>soln 236 gm</i>	63	<i>pirfenidone</i>	77
<i>peg 3350-kcl-sod bicarb-nacl for soln 420</i> <i>gm</i>	63	<i>pitavastatin calcium</i>	34
		<i>podofilox</i>	81
		<i>polymyxin b-trimethoprim ophth soln</i> <i>10000 unit/ml-0.1%</i>	74
		POLYTRIM SOL OP	74

<i>potassium chloride</i>	73	<i>pseudoephed-bromphen-dm syrup 30-2-10</i>	
<i>potassium chloride microencapsulated</i>		<i>mg/5ml</i>	77
<i>crystals er</i>	73	PULMICORT FLEXHALER	78
<i>potassium citrate (alkalinizer)</i>	64	<i>pyrazinamide</i>	25
PRADAXA.....	65	<i>pyridostigmine bromide</i>	48
<i>pramipexole dihydrochloride</i>	41	<i>pyridoxine hcl</i>	73
<i>prasugrel hcl</i>	67	<i>pyrimethamine</i>	27
<i>pravastatin sodium</i>	34	PYZCHIVA	67, 68, 70, 71
PRED MILD.....	74	Q	
<i>prednisolone</i>	58	QELBREE	45
<i>prednisolone acetate (ophth)</i>	74	QSYMIA CAP 11.25-69.....	54
PREDNISOLONE SODIUM PHOSP	74	QSYMIA CAP 15-92MG	54
<i>prednisolone sodium phosphate</i>	58	QSYMIA CAP 3.75-23.....	54
<i>prednisone</i>	58	QSYMIA CAP 7.5-46MG	54
<i>pregabalin</i>	44	QTERN TAB 10-5MG.....	54
<i>pregabalin (once-daily)</i>	49	QTERN TAB 5-5MG	54
PREGNYL W/DILUENT BENZYL	58	QUESTRAN.....	34
PREMARIN	59	QUESTRAN LIGHT	34
PREMPHASE TAB	59	<i>quetiapine fumarate</i>	42
PREMPRO TAB	59	<i>quinapril hcl</i>	32
PREMPRO TAB 0.3-1.5	59	<i>quinapril-hydrochlorothiazide tab 10-12.5</i>	
PREMPRO TAB 0.45-1.5	60	<i>mg</i>	31
PREMPRO TAB 0.625-5.....	60	<i>quinapril-hydrochlorothiazide tab 20-12.5</i>	
<i>primidone</i>	44	<i>mg</i>	31
<i>probenecid</i>	21	<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	
PROCARDIA XL	36	.....	31
<i>prochlorperazine</i>	62	QULIPTA.....	46
<i>prochlorperazine edisylate</i>	62	QUVIVIQ	46
<i>prochlorperazine maleate</i>	62	QVAR REDHALER.....	78
PROCRIT	66	R	
PROCTOFOAM AER HC 1%.....	64	RADICAVA ORS.....	39
<i>progesterone</i>	60	RADICAVA ORS STARTER KIT	39
<i>progesterone (vaginal)</i>	60	RAGWITEK	67
<i>promethazine-dm syrup 6.25-15 mg/5ml</i> .77		<i>raloxifene hcl</i>	60
<i>promethazine hcl</i>	62	<i>ramelteon</i>	46
<i>promethazine w/ codeine syrup 6.25-10</i>		<i>ramipril</i>	32
<i>mg/5ml</i>	77	<i>ranolazine</i>	38
<i>propafenone hcl</i>	34	<i>rasagiline mesylate</i>	41
<i>propranolol hcl</i>	36	RASUVO.....	72
<i>propylthiouracil</i>	61	REBIF.....	47
PROSCAR.....	64	REBIF REBIDO INJ TITRATN.....	47
PROVERA	60	REBIF REBIDOSE	48
<i>prucalopride succinate</i>	63	REBIF TITRTN INJ PACK.....	48
		REBINYN	66

REGLAN	62	RYTARY CAP 245MG	41
RELENZA DISKHALER	25	RYTARY CAP 95MG	41
RELPAK	47	S	
REMERON	40	<i>sacubitril-valsartan tab 24-26 mg</i>	37
REMERON SOLTAB	40	<i>sacubitril-valsartan tab 49-51 mg</i>	37
REMICADE	67	<i>sacubitril-valsartan tab 97-103 mg</i>	37
<i>repaglinide</i>	53	SANCUSO.....	62
REPATHA	35	<i>sapropterin dihydrochloride</i>	60
REPATHA PUSHTRONEX SYSTEM.....	35	SAVAYSA	65
REPATHA SURECLICK	35	SAVELLA	46
RESTASIS	75	SAVELLA MIS TITR PAK.....	46
RESTASIS MULTIDOSE	75	<i>saxagliptin hcl</i>	51
RESTORIL.....	46	<i>saxagliptin-metformin hcl tab er 24hr 2.5-</i> <i>1000 mg</i>	51
RETACRIT.....	66	<i>saxagliptin-metformin hcl tab er 24hr 5-</i> <i>1000 mg</i>	51
RETEVMO.....	30	<i>saxagliptin-metformin hcl tab er 24hr 5-500</i> <i>mg</i>	51
RETIN-A.....	79	SCEMBLIX.....	30
RHOPRESSA	75	<i>scopolamine</i>	62
<i>ribavirin</i>	25	SEGLUROMET TAB 2.5-1000	53
<i>ribavirin (hepatitis c)</i>	26	SEGLUROMET TAB 2.5-500	53
<i>rifampin</i>	25	SEGLUROMET TAB 7.5-1000	53
RINVOQ.....	68, 69, 70, 71, 80	SEGLUROMET TAB 7.5-500	53
RINVOQ LQ	70	<i>selegiline hcl</i>	42
<i>risedronate sodium</i>	55	<i>selenium sulfide</i>	80
RISPERDAL	42	SEREVENT DISKUS	77
<i>risperidone</i>	42	SEROQUEL	43
RITALIN	45	<i>sertraline hcl</i>	40
<i>ritonavir</i>	24	<i>sevelamer carbonate</i>	60
<i>rivaroxaban</i>	65	<i>sevelamer hcl</i>	60
<i>rivastigmine</i>	39	SEVENFACT	65
<i>rivastigmine tartrate</i>	39	SIKLOS.....	67
<i>rizatriptan benzoate</i>	47	<i>sildenafil citrate</i>	64
ROCKLATAN DRO.....	75	<i>sildenafil citrate (pulmonary hypertension)</i>	38
<i>roflumilast</i>	77	<i>silodosin</i>	64
<i>ropinirole hydrochloride</i>	41	<i>silver sulfadiazine</i>	80
<i>rosuvastatin calcium</i>	34	SIMBRINZA SUS 1-0.2%.....	75
ROWASA	62	SIMPONI ARIA	67
ROZLYTREK	30	<i>simvastatin</i>	34
RUCONEST.....	72	SINEMET TAB 10-100MG	42
<i>rufinamide</i>	44	SINEMET TAB 25-100MG	42
RUXIENCE	28	<i>sirolimus</i>	72
RYBELSUS.....	51		
RYDAPT	30		
RYTARY CAP 145MG.....	41		
RYTARY CAP 195MG.....	41		

<i>sitagliptin</i>	51	<i>sulfacetamide sodium (acne)</i>	79
<i>sitagliptin free base-metformin hcl tab 50-1000 mg</i>	51	<i>sulfacetamide sodium (ophth)</i>	74
<i>sitagliptin free base-metformin hcl tab 50-500 mg</i>	51	<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	73
<i>sitagliptin free base-metformin hcl tab er 24hr 100-1000 mg</i>	51	<i>sulfadiazine</i>	23
<i>sitagliptin free base-metformin hcl tab er 24hr 50-1000 mg</i>	51	<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	27
<i>sitagliptin free base-metformin hcl tab er 24hr 50-500 mg</i>	51	<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	27
SKYLA.....	57	<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	27
SKYRIZI.....	67, 68, 70, 71	<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	27
SKYRIZI PEN.....	68, 70, 71	<i>sulfasalazine</i>	62
<i>sodium fluoride</i>	73	<i>sulindac</i>	21
<i>sodium phenylbutyrate</i>	61	<i>sumatriptan</i>	47
<i>sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	63	<i>sumatriptan-naproxen sodium tab 85-500 mg</i>	47
SOGROYA.....	59	<i>sumatriptan succinate</i>	47
<i>solifenacin succinate</i>	65	<i>sunitinib malate</i>	30
SOLIQUA INJ 100/33.....	51	SUNOSI.....	48
SOMATULINE DEPOT.....	49	SUPPRELIN LA.....	55
<i>sorafenib tosylate</i>	30	SYMLINPEN 120.....	50
<i>sotalol hcl</i>	34	SYMLINPEN 60.....	50
<i>sotalol hcl (afib/afl)</i>	34	SYMPROIC.....	63
SOTYKTU.....	70	SYMTUZA TAB.....	24
SPIRIVA HANDIHALER.....	76	SYNJARDY TAB.....	53
SPIRIVA RESPIMAT.....	76	SYNJARDY TAB 12.5-500.....	53
<i>spironolactone</i>	32	SYNJARDY TAB 5-1000MG.....	53
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	37	SYNJARDY TAB 5-500MG.....	53
SPRAVATO SOL 56MG DOS.....	40	SYNJARDY XR TAB.....	54
SPRAVATO SOL 84MG DOS.....	40	SYNJARDY XR TAB 10-1000.....	54
STEGLATRO.....	54	SYNJARDY XR TAB 25-1000.....	54
STEGLUJAN TAB 15-100MG.....	54	SYNJARDY XR TAB 5-1000MG.....	54
STEGLUJAN TAB 5-100MG.....	54	SYNTHROID.....	61
STELARA.....	67	T	
STIOLTO AER 2.5-2.5.....	76	<i>tacrolimus</i>	72
STIVARGA.....	30	<i>tacrolimus (topical)</i>	80
STOBOCLO.....	55	<i>tadalafil</i>	64
STRATTERA.....	46	<i>tadalafil (pulmonary hypertension)</i>	38
STRIVERDI RESPIMAT.....	77	TADLIQ.....	38
STROMECTOL.....	23	TAFINLAR.....	30
<i>sucralfate</i>	63	<i>tafluprost</i>	75
		TAGRISSE.....	30

TAKHZYRO.....	72	<i>tiotropium bromide</i>	76
TALICIA CAP.....	64	TIVICAY	24
<i>tamoxifen citrate</i>	29	TIVICAY PD	24
<i>tamsulosin hcl</i>	64	<i>tizanidine hcl</i>	48
<i>tazarotene</i>	79, 80	TOBRADEX OIN 0.3-0.1%	73
<i>telmisartan</i>	34	TOBRADEX ST SUS 0.3-0.05.....	73
<i>telmisartan-amlodipine tab 40-10 mg</i>	33	<i>tobramycin</i>	77
<i>telmisartan-amlodipine tab 40-5 mg</i>	33	<i>tobramycin (ophth)</i>	74
<i>telmisartan-amlodipine tab 80-10 mg</i>	33	<i>tobramycin-dexamethasone ophth susp</i> 0.3-0.1%	73
<i>telmisartan-amlodipine tab 80-5 mg</i>	33	TOBEX	74
<i>telmisartan-hydrochlorothiazide tab 40-</i> <i>12.5 mg</i>	33	<i>tolterodine tartrate</i>	65
<i>telmisartan-hydrochlorothiazide tab 80-12.5</i> <i>mg</i>	33	<i>tolvaptan</i>	60
<i>telmisartan-hydrochlorothiazide tab 80-25</i> <i>mg</i>	33	<i>tolvaptan (hyponatremia)</i>	60
<i>temazepam</i>	46	<i>tolvaptan tab therapy pack 30 & 15 mg</i> ...	60
<i>temozolomide</i>	28	<i>tolvaptan tab therapy pack 45 & 15 mg</i> ...	60
<i>temsirrolimus</i>	30	<i>tolvaptan tab therapy pack 60 & 30 mg</i> ...	60
<i>tenofovir disoproxil fumarate</i>	24, 26	<i>tolvaptan tab therapy pack 90 & 30 mg</i> ...	60
<i>terazosin hcl</i>	64	TOPAMAX.....	44
<i>terbinafine hcl</i>	23	TOPAMAX SPRINKLE.....	44
<i>terbutaline sulfate</i>	77	<i>topiramate</i>	44
<i>terconazole vaginal</i>	65	<i>topotecan hcl</i>	31
<i>teriflunomide</i>	48	<i>toremide</i>	37
<i>teriparatide</i>	55	TOSYMRA	47
TERIPARATIDE	55	TOUJEO MAX SOLOSTAR	53
<i>testosterone</i>	50	TOUJEO SOLOSTAR.....	53
<i>testosterone cypionate</i>	50	TRADJENTA	51
<i>testosterone enanthate</i>	50	<i>tramadol hcl</i>	22
<i>tetrabenazine</i>	47	<i>trandolapril</i>	32
<i>tetracaine hcl</i>	23	<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	31
<i>tetracycline hcl</i>	28	<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	31
TEZSPIRE.....	78	<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	31
THALOMID	28	<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	31
<i>theophylline</i>	79	<i>tranylcypromine sulfate</i>	40
<i>thiothixene</i>	43	<i>travoprost</i>	75
<i>tiagabine hcl</i>	44	TRAZIMERA	28
TIAZAC	36	<i>trazodone hcl</i>	40
<i>ticagrelor</i>	67	TRELEGY AER 100MCG.....	76
<i>timolol</i>	75	TRELEGY AER 200MCG.....	76
<i>timolol maleate (ophth)</i>	75	TREMFYA	67, 69, 70, 72
<i>tinidazole</i>	23		
<i>tiopronin</i>	64		

TREMFYA INDUCTION PACK FO	69, 72	TYVASO DPI POW MAIN KIT	38
<i>treprostinil</i>	38	TYVASO STARTER KIT	38
TRESIBA	53	U	
TRESIBA FLEXTOUCH	53	UBRELVY	46
<i>tretinoin</i>	79	<i>umeclidinium-vilanterol aero powd ba 62.5-25 mcg/act</i>	76
<i>tretinoin (chemotherapy)</i>	30	UPTRAVI	38
<i>tretinoin microsphere</i>	79	UPTRAVI PACK TAB 200/800	38
<i>triamcinolone acetonide (mouth)</i>	82	<i>ursodiol</i>	63
<i>triamcinolone acetonide (topical)</i>	81	V	
<i>triamterene</i>	37	VAGIFEM	60
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	37	<i>valacyclovir hcl</i>	25
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	37	<i>valganciclovir hcl</i>	25
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	37	<i>valproate sodium</i>	44
TRIBENZOR TAB	33	<i>valproic acid</i>	44
<i>trientine hcl</i>	55	<i>valrubicin</i>	28
<i>trifluoperazine hcl</i>	43	<i>valsartan</i>	34
<i>trifluridine</i>	74	<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	33
<i>trihexyphenidyl hcl</i>	42	<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	33
TRIJARDY XR TAB	51	<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	33
<i>trimethobenzamide hcl</i>	62	<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	33
<i>trimethoprim</i>	27	<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	33
TRINTELLIX	40	<i>vancomycin hcl</i>	27
TRIPTODUR	55	VANRAFIA	64
TRIUMEQ PD TAB	24	<i>varenicline tartrate</i>	49
TRIUMEQ TAB	24	<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	49
<i>tropium chloride</i>	65	VARUBI	62
TRUE METRIX STRIPS AND KITS	57	VASCEPA	35
TRUEPLUS LANCETS	57	VASERETIC TAB 10-25MG	31
TRULANCE	63	VELSIPITY	72
TRULICITY	51	VELTASSA	60
TRUQAP	30	<i>venlafaxine hcl</i>	40
TUDORZA PRESSAIR	76	<i>verapamil hcl</i>	36
TURALIO	30	VERQUVO	37
TWIIST INSULIN INFUSION PUMP AND SUPPLIES	57	VEVYE	75
TYMLOS	55	VIBERZI	63
TYRUKO	48	VICTOZA	51
TYVASO DPI MAINTENANCE KI	38	<i>vigabatrin</i>	44
TYVASO DPI POW 16-32-48	38		
TYVASO DPI POW 16-32MCG	38		
TYVASO DPI POW 32-48MCG	38		

VIGAMOX	74	XIFAXAN	27
VIIBRYD	40	XIGDUO XR TAB 10-1000	54
VIIBRYD KIT STARTER	40	XIGDUO XR TAB 10-500MG	54
<i>vilazodone hcl</i>	40	XIGDUO XR TAB 2.5-1000	54
VIOKACE TAB 10440	63	XIGDUO XR TAB 5-1000MG	54
VIOKACE TAB 20880	63	XIGDUO XR TAB 5-500MG	54
VISTOGARD	30	XIIDRA	75
VITRAKVI	30	XOLAIR	77, 78, 81
<i>voriconazole</i>	23	XOSPATA	30
VOSEVI TAB	26	XTAMPZA ER	22
VRAYLAR	43	XTANDI	29
VRAYLAR CAP 1.5-3MG	43	XULTOPHY INJ 100/3.6	52
VTAMA	80	XYNTHA	66
VUMERITY	48	XYNTHA SOLOFUSE	66
VYNDAMAX	38	XYWAV SOL 0.5GM/ML	48
VYTORIN TAB 10-10MG	35	Y	
VYTORIN TAB 10-20MG	35	YESINTEK	67, 69, 70, 72
VYTORIN TAB 10-40MG	35	YEZTUGO	24
VYTORIN TAB 10-80MG	35	YONSA	29
VYVGART	48	YUPELRI	76
VYVGART INJ HYTRULO	48	YUTREPIA	39
W		Z	
WAKIX	48	<i>zafirlukast</i>	77
<i>warfarin sodium</i>	65	<i>zaleplon</i>	46
WEGOVI	54	ZANAFLEX	48
WELLBUTRIN SR	40	ZARONTIN	44
WELLBUTRIN XL	41	ZEGALOGUE	58
WILATE INJ	65	ZEJULA	30
WINLEVI	79	ZEMAIRA	75, 76
X		ZEMBRACE SYMTOUCH	47
XARELTO	65	ZENPEP CAP 10000UNT	63
XARELTO STAR TAB 15/20MG	65	ZENPEP CAP 15000UNT	63
XCOPRI	44	ZENPEP CAP 20000UNT	63
XCOPRI PAK 100-150	44	ZENPEP CAP 25000UNT	63
XCOPRI PAK 12.5-25	44	ZENPEP CAP 3000UNIT	63
XCOPRI PAK 150-200	44	ZENPEP CAP 40000UNT	63
XCOPRI PAK 50-100MG	44	ZENPEP CAP 5000UNIT	63
XCOPRI PAK 50-200MG	44	ZENPEP CAP 60000UNT	63
XDEMVY	74	ZEPBOUND	55
XELJANZ	71	ZEPOSIA	48, 72
XELJANZ XR	71	ZEPOSIA 7DAY CAP STR PACK	48, 72
XEMBIFY	72	ZEPOSIA CAP STR KIT 28 DAY	48
XEOMIN	46	ZEPOSIA CAP STR KIT 37 DAY	48, 72
XHANCE	77	ZERVIAE	74

ZESTRIL	32	<i>zoledronic acid</i>	55
<i>zidovudine</i>	24	<i>zolmitriptan</i>	47
<i>zileuton</i>	77	<i>zolpidem tartrate</i>	46
<i>ziprasidone hcl</i>	43	<i>zonisamide</i>	44
<i>ziprasidone mesylate</i>	43	ZORYVE	80
ZIRABEV	28	ZUBSOLV SUB 0.7-0.18	49
ZITUVIMET TAB 50-1000	51	ZUBSOLV SUB 1.4-0.36	49
ZITUVIMET TAB 50-500MG	51	ZUBSOLV SUB 11.4-2.9	49
ZITUVIMET XR TAB 100-1000	51	ZUBSOLV SUB 2.9-0.71	49
ZITUVIMET XR TAB 50-1000	51	ZUBSOLV SUB 5.7-1.4	49
ZITUVIMET XR TAB 50-500MG	51	ZUBSOLV SUB 8.6-2.1	49
ZITUVIO	51	ZURZUVAE	41
ZOCOR	34	ZYKADIA	30